CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT

THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE

DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41041

CERTIFICATE OF DEATH.

74-001

E 41041

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1120 William St. St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Ruppert

(a) RESIDENCE NO. 1120 William St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Ruppert

6 DATE OF BIRTH (month, day, and year) Sept. 29 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Peter Buckheit

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lena Feldner

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Family

(Address)

15 Filed JAN 4 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-1929

17 I HEREBY CERTIFY, That I attended deceased from July 8 1928 to Jan 2 1929, that I last saw h[illegible] alive on Jan 2 1929, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

1/3, 1929 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial 1/5 1929

20 UNDERTAKER J. Fenw McCully ADDRESS 130 E Fay.

DO NOT WRITE IN THIS SPACE

Please read carefully suggestions. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41042 — 1-PLACE OF DEATH

129 E 41042 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1808 S. Charles St. St. 23-32 Ward)

2-FULL NAME Charles W. Gannon

(a) RESIDENCE NO. 1808 S. Charles St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Gannon

6 DATE OF BIRTH (month, day, and year) Feb. 22 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.

(State or country)

PARENTS

10 NAME OF FATHER James Gannon

11 BIRTHPLACE OF FATHER (city or town) W. Va.

(State or country)

12 MAIDEN NAME OF MOTHER Sally Ann Spangler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14 Informant Chester Gannon

(Address) 1808 S. Charles St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-2-1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Jan 2, 1929, that I last saw h[illegible] alive on Jan 2, 1929 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Campbell M. D.

1/3, 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial 1/5 1929

20 UNDERTAKER J. Few McCully — ADDRESS 130 E. Fort

APR 4 1929 [illegible] M. D.

For [illegible]

DO NOT use abbreviations. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41043 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-001 E 41043

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 128 E. Randall ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice V. Hall.

(a) RESIDENCE NO. 128 E. Randall ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Hall

6 DATE OF BIRTH (month, day, and year): July 10 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Hudgins (Address) 128 E. Ball st.

15 Filed JAN 4 - 1929 C. HARRISON JONES, M. D. Registrar

Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-3-29

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 3, 1929, that I last saw h alive on Jan 3, 1929, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Influenza & Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriology

(Signed) R. E. Lamperd M. D.

(Address) 1644 Lamont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	1/7 1929
20 UNDERTAKER: I. Frew McCully	ADDRESS: 130 E. Fort

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41044

101-001

CERTIFICATE OF DEATH

REGISTERED NO. E 41044

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No.) 104 S Wean ST., 24 WARD

2—FULL NAME John Francis Brown

(a) RESIDENCE NO. 104 S. Wean ST., 24 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Male.	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 7 - 1927.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Nicolas Brown

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Britt

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Mother Margaret Brown
(Address) 104 S Wean st.

15 Filed JAN 4 - 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 2 - 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 . 19 29 to Jan 2 . 19 29
that I last saw h[illegible]live on Jan. 1 . 19 29
and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical symptoms

(Signed) Aileen Beecham, M. D.

1-4. 1929 (Address) 3139 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Hearts Cem't.	Jan 5 1929
UNDERTAKER	ADDRESS
Lilly Zuber INC	403 S. Wolfe

Important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 41045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-007 E 41045

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Crawford

(a) RESIDENCE NO. 2222 N. Ellwood Ave St. 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs 10 mos 26 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of the late James A. Crawford

6 DATE OF BIRTH (month, day, and year) Feb. 4th 1859

7 AGE: Years 69 Months 10 Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER John Kister

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Elizabeth Crawford Daughter

(Address) 2222 N. Ellwood Ave

15 Filed JAN 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/11/28, 19 to 12/30/28, 19

that I last saw h e r alive on 12/30/28, 19

and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Fractured left humerus

" left pelvis - 4 pts

Right clavicle

Struck and knocked down by motor vehicle

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

accidental death

(duration) yrs. mos. 11 hrs 30 ds

18 Where was disease contracted if not at place of death? Street at Ellwood Ave - Hilda Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis W. Zeller, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Jan. 4th 1928

20 UNDERTAKER: Lilly & Zeller Inc — ADDRESS: 400 S. Wolfe St

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 41046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 520 S. Luzerne ST., 1-3 WARD)

2-FULL NAME William Lehmann

(a) RESIDENCE NO. 520 S. Luzerne ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lehmann

6 DATE OF BIRTH (month, day, and year) Dec 25 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coffee Works

(c) Name of employer Balto Coffee Roasting Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Lehmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bergmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Lehmann

(Address) 520 S Luzerne St.

15 Filed JAN 4 1929, 19. C. Hampson Johns M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 2, 1929.

that I last saw h alive on Jan 2, 1929.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Rectal Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. E. Long, M. D.

1/3, 1929 (Address) 411 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Jan. 7th 1929

20 UNDERTAKER: Lilly & Gruber Inc. — ADDRESS: 408 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 5ks.

E 41047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41047

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Auchentoroly Terrace ST.) 59 (WARD) 13

2-FULL NAME Mary Lona Crane

(a) RESIDENCE NO. 3214 Auchentoroly Terrace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Dec~~

6 DATE OF BIRTH (month, day, and year) Nov 15, 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
72	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queenstown Md

PARENTS

10 NAME OF FATHER Wm Moffett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Trenchard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter M Crane

(Address) 3214 Auchentoroly Ter

15 Received JAN 4 - 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Jan 4, 1929, that I last saw her alive on Jan 1, 1929, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Hamilton Jones, M. D.

(Address) 700 Napoleon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 7 1929

UNDERTAKER George Smith

ADDRESS 153 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 41048 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41048

CERTIFICATE OF DEATH. 14-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Eutaw Place ST. 14-20 WARD)

2-FULL NAME Charles Albert Nicodemus

(a) RESIDENCE No. 819 Eutaw Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie M. Nicodemus

6 DATE OF BIRTH (month, day, and year) Aug 10 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
66	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jeremiah Nicodemus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet Earhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sallie M. Nicodemus

(Address) 819 Eutaw Place

Filed JAN 4 - 1929, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) January 3 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 19 28, to January 3, 19 29, that I last saw him alive on January 2, 19 29 and that death occurred, on the date stated above, at 1 9 m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Herbert F. Freeman, M. D.

19 (Address) 6 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 5 1929

20 UNDERTAKER George J. Smith ADDRESS 153 Holliday

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41049

100-001 E 41049

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 W. 23rd ST. 17-50 WARD)

2-FULL NAME James E. Slipka

(a) RESIDENCE NO. 426 W. 23rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 25th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	9.	6 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward F Slipka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes R Bushman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edward F Slipka
(Address) 426 E 23rd St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

N 4 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 3rd, 1929, that I last saw h[illegible] alive on Jan 3rd, 1929 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Monninger M. D.

1-3, 1929 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan 5 1929.

20 UNDERTAKER Walter Davis ADDRESS 331 Paine St

CAUSE OF DEATH may be properly classified. EACH statement of cause must be given on back of certificates.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41050 — 11-001 — E 41050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. (If not in hospital give WARD)

REGISTERED NO. 12557

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence L. Little

(a) RESIDENCE No. 4146 Falls Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edith Little

6 DATE OF BIRTH (month, day, and year) March 29 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor 073

(b) General nature of industry, business, or establishment in which employed (or employer) Pennsylvania R.R.

(c) Name of employer Pennsylvania R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md. Maryland

PARENTS

10 NAME OF FATHER Theophilus Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sara Lorkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Clarence H Little

(Address) 1118-W 42 St

15 Filed JAN 4 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928. to Jan 4, 1929.

that I last saw him alive on Jan 4, 1929

and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer with Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 3 Lobar pneumonia (duration) yrs. mos. days

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 13-28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nicholas Bongell M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan 7 1929

UNDERTAKER A. S. Marshall

ADDRESS 3538 Falls Road Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 41051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 41051

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1315 Ut 42 ST. 13-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Osborne

(a) RESIDENCE NO. 1315 Ut 42 ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 - 1929

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Charles A Horne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. City

12 MAIDEN NAME OF MOTHER Agnes Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Charles A Horne (Address) 1315 Ut 42nd

15 Filed JAN 7 1929 E. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 3, 1929, that I last saw her alive on Jan 3, 1929, and that death occurred, on the date stated above, at 7 P. m

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) Alex deLorme, M. D.

Jan. 7, 1929 (Address) 25 S St 3665

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cemetery	Jan 7, 1929
20 UNDERTAKER	ADDRESS
D. J. Marshall	3537 Gall Pl

TION is very important. See instructions on back of certificate

Cor.—12-9-25—A Co.—200 Bks.

E 41052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 135 E 41052

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St., 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac R. Harris

(a) RESIDENCE NO. 104 Shady Road Ct. St. Catonsville Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER unk.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unk.

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unk.

14 Informant Mr. B. Frank Mitchell

(Address) 140 Shady Road Catonsville Md

Filed JAN 4 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Bronchitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

Jan 4 (Signed) M. T. Bloom, M. D.

(Coroner)

, 192 9 (Address) 1639 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md Date of Burial Jan 7 1929

20 UNDERTAKER Henry Fanning Sons ADDRESS Aberdeen Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41053

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

City of BALTIMORE: (No 1435 Battery aven St. 33 Ward. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gertrude Linsenmeyer

(a) Residence No. 1435 Battery Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6-DATE OF BIRTH (month, day and year) 9/5/1844

7-AGE 84 yrs. 3 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) Wife

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Caskey Steiffer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Barbara Fackel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Mary Linsenmeyer

(Address) 1435 Battery Ave.

15- Filed JAN 4 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1. 2. 29.

17- I HEREBY CERTIFY, That I attended deceased from 12. 26. 1928 to 1. 2. 29. 19....., that I last saw h alive on 1. 2. 29. 19....., and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilitation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

1.4.29. (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Pen Cathedral	1/5/29, 19....
20-UNDERTAKER, [illegible]	ADDRESS 1318 Eutaw

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41054

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 41054

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 17-24 ....)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stephen Webb.

(a) RESIDENCE NO. 59½ N. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

.a If married, widowed, or divorced HUSBAND of (or) WIFE of ? Colby ? Webb

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ?
(State or country) Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) ?

14 Informant .....
(Address) .....

15 Filed JAN 4 1929, 19 HAMILTON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-29

17 I HEREBY CERTIFY. That I attended deceased from 4-21, 1928, to 1-2, 1929, that I last saw h[illegible] alive on 1-2, 1929 and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) 1 yrs. over 6 mos. ds.

CONTRIBUTORY (Secondary) Gout 15 yrs. Art sclerosis ? yrs.

Hypertension ? yrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? By None

(Signed) John K. Mason, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 4 19 29
20 UNDERTAKER	ADDRESS
Mrs State & Weant	

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41055

HEALTH DEPARTMENT—CITY OF BALTIMORE

1.00-001 ✓

E 41055

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 E. 29th ST. 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Henry Diver

(a) RESIDENCE NO. 1535 E. 29th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 11 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Albert Diver

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Keller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Angela Deacon
(Address) 1535 E. 29th St.

15 Filed JAN 4 - 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1928, to Jan 4, 1929,
that I last saw h[im] alive on Jan. 3, 1929
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) Chas. Wilbur Stewart, M. D.

1/4, 1929 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Jan. 7, 1929

20 UNDERTAKER Wm. Mickley Son & Mouth Pa ADDRESS

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

2-11056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49

E 11056

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Charles Shillen.

(a) RESIDENCE No. Cunningham - La ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) La -

PARENTS

10 NAME OF FATHER Unmarked Irish

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lana Elenia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1928 to Jan 4 1929 that I last saw h[illegible] alive on Jan 4 1929 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Malignant

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Exploratory Craniotomy

Did an operation precede death? Yes Date of Dec 31 1928

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) I Ridgeway Trimble, M. D.

Jan 4 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Utica, N. Y.

DATE OF BURIAL Jan. 5 1929

20 UNDERTAKER John C. Mitchell Sons

ADDRESS 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

4

Cor.—12-9-26—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41057

CERTIFICATE OF DEATH.

74-901 E 41057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hosp. St. 4-426 Ward

2-FULL NAME Ed Hall

(a) RESIDENCE NO. 5316-28 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day and year): 1880

7 AGE: Years 48 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Hanford Co

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Hanford Co Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Hosp. Record

(Address) C. HAMPSON JONES, M. D.

15 Filed ..... 19 ..... By ..... Registrar

1929 3100

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. Colin Smith (CORONER) M. D.

(Address) Dec 14/1928 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

THE MORGUE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41058

CERTIFICATE OF DEATH.

101-001 ✓ E 41058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1062 Argyle Ave. St. 17-24 Ward)

2-FULL NAME Walter Wright.

(a) RESIDENCE NO. Norfolk Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Actor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk Va. Jan 1st 1910

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mary Smith

(Address) 1062 Argyle Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

1929 Per 3101

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day, and year) Jan 1st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Smith M. D.

(Coroner) Coroner.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 NAME OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Memorial Park Date of Burial 1/7/29 19

20 UNDERTAKER C J Baston ADDRESS Baltimore Md

JOHNS HOPKINS HOSPITAL JAN 4 - 1929 Commissioner of Health. THE MORGUE.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO...ls very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-001
12 E. 41059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 4-N WARD)

2-FULL NAME James Nolan

(a) RESIDENCE NO. 10½ N. Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work.

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER James Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Sarah Keys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address)

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/23, 1928, to 12/29, 1928, that I last saw him alive on 12/29, 1928 and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver.

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/20/28

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Joseph D. Faustatis, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

JAN 4 - 1929

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41060

CERTIFICATE OF DEATH

5-4 E 41060

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 3-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gregory, Levy

(a) RESIDENCE NO. 1135 Watson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) ? Va

PARENTS

10 NAME OF FATHER Reuben Gregory

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Elvira ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va

14 Informant [redacted] (Address) BALTIMORE CITY HOSPITALS

15 Filed 4 1929 C. HAMPSON JONES, M. D. Registrar 3103

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-28

17 I HEREBY CERTIFY, That I attended deceased from 12-10, 1928, to 12-29, 1928, that I last saw him alive on 12-29, 1928 and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 4? mos. ds.

CONTRIBUTORY (Secondary) Art-Sclerosis: Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. W. Hook, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER D. Commissioner Health — ADDRESS JAN 4 - 192

Spec.—1-10-21—M&T—1500 Bks.

(Webster Turner) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 E 41061 X 118-62 41061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Webster Turner

(a) RESIDENCE No. Locks Run, VA ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of WIFE of

6 DATE OF BIRTH (month, day, and year) 9-10-75

7 AGE: Years 53 Months 3 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) VA.

PARENTS

10 NAME OF FATHER Watson Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wade

(Address)

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

Per R C B

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928 to Jan 4, 1929, that I last saw h alive on Dec 4, 1928, and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Peritonitis (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/27/28

Was there an autopsy? yes

What test confirmed diagnosis? Biopsy

(Signed) J. Ridgeway Thomas M. D.

(Address) Johns Hopkins Hosp Jan 4 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Broadway Va

DATE OF BURIAL: 1/4/29

20 UNDERTAKER: Joseph Owens

ADDRESS: 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—400 Blks.

E 41062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-061 E 41062

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. High St. 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Amonica

(a) RESIDENCE NO. 313 S. High St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): April 2 1906

7 AGE: Years 72 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS

10 NAME OF FATHER Frank Amonica

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Maria Stefano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Vincent Amonica (Address) 313 S. High St.

15 Filed 4 1929 C. HAMPSON JONES, M. D., Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 2, 1929

that I last saw h[illegible] alive on Jan 2, 1929

and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Jan 4, 1929 (Address) 1E 50 Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Redeemer — DATE OF BURIAL: Jan 6, 1929

20 UNDERTAKER: H. Deihl & Sons — ADDRESS: 2350 Eastern

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—209 Bks.

E 41063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41063

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 3312 Spaulding St. 7-56 Ward)

2-FULL NAME Georgia E. Cherry

(a) RESIDENCE NO. 3312 Spaulding St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. H. Cherry

6 DATE OF BIRTH (month, day, and year): 6-21-56

7 AGE: Years 72 Months 6 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: H H Krafft

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Cathrine E Chambers

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Ella Mae Cherry

(Address) 3312 Spaulding

15 Filed 1-4 1929 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage 5 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/4, 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Jan 5 1929

20 UNDERTAKER: Mrs J W Teufel & Son ADDRESS 50 W Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4

Spec.—2-29-28—L. F. S.—500 Bks.

48

E 41064

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-09 V. 41064

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Macon ST. 26-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virgilio Moriconi

(a) RESIDENCE NO. 525 S. Macon ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 5/1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Mason

(c) Name of employer Primo Locchi

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Raffaele Moriconi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Primo Locchi
(Address) 2934 E. Fayette st

15 Filed 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2-29

17 I HEREBY CERTIFY That I attended deceased from Dec. 30, 1928, to Jan. 2, 1929, that I last saw h— alive on Jan 2, 1929 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho. Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Ch. Artigiani M. D.

19 (Address) 2944 E. Fayette st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. St Matthew Cem

DATE OF BURIAL Jan 5 1929

20 UNDERTAKER Frank V Likitone

ADDRESS 2818 E. Balto st

Spec.—2-29-28—L. F. S.—500 Blks.

E 41065

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 ✓ E 41065

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 6-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Taylor

(a) RESIDENCE NO. 1509 E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia Taylor

6 DATE OF BIRTH (month, day, and year) December 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem

(c) Name of employer Steel Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nannie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Friends

(Address)

15 Filed 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-29

17 I HEREBY CERTIFY, That I attended deceased from 12-30 ..... 1928 to 1-2 ..... 1929, that I last saw him alive on 1-2 ..... 1929 and that death occurred, on the date stated above, at 10:20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) D. M. Gilman M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
La Grace Va	1/4/29
UNDERTAKER Mrs R. A. Elliott	ADDRESS 1725 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

Kincaid ✓

E 41066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3033 E Monument ST., 7-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Franklin Kincaid

(a) RESIDENCE No. 3033 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Robert F. Kincaid

11 BIRTHPLACE OF FATHER (city or town) Lancaster (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Dorothy Foster

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Robert F. Kincaid

(Address) 3033 E Monument St.

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928 to Jun 3, 1929, that I last saw h alive on Jun 2, 1929, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonal

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A C Graves M. D.

6/6, 1929 (Address) 79 C Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Park Cemetery DATE OF BURIAL: Jun 6 1929

20 UNDERTAKER: Hughes & Sons ADDRESS: Monday

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 11067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11067

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Erickson St. 9th WARD)

2-FULL NAME Charles Simms

(a) RESIDENCE NO. 1609 Erickson St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Simms

6 DATE OF BIRTH (month, day, and year) May 2-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bal.

PARENTS

10 NAME OF FATHER Thomas Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bal.

12 MAIDEN NAME OF MOTHER Mary Hinkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ida Simms

(Address) 1609 Erickson St.

15 DATE 5-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3" 1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 . . 1928 . . to Jan. 3, . 1929.

that I last saw h[illegible]live on Jan. 3, . 1929

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel K. Wolfe M. D.

. 19 (Address) 1331 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 5" 1929
20 UNDERTAKER	ADDRESS
Geo M. Fritz & Son	811 N Wolfe

FION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1929 E 41068

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 113 N. Carey ST., 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Margaret Griffin

(a) RESIDENCE NO. 113 N. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Fannie L Worley

(Address) 113 N. Carey St

15 Filed 5-1929 G. 19 HAMPSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to Jan 3, 1929,

that I last saw h alive on Jan 3, 11 00 P.M., 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Louis

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank M Kelly, M. D.

, 19 (Address) 115 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 5 1929

20 UNDERTAKER John O Mitchell & Sons

ADDRESS 1911 Eutaw Pl

Cor.—12-9-25—A Co.—200 Bks.

E 41069

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-08

E 41069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 14-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Robinson

(a) RESIDENCE NO. 523 N. Parrish St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 8 mos. 28 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Armanias Robinson

6 DATE OF BIRTH (month, day and year) Apr 9-1894.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	34	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Wm Murray.

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Armanias Robinson

(Address) 523 N. Parrish

15 1929 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Jan 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest and autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy) (duration) yrs. (3 hours) ds.

CONTRIBUTORY (Secondary) (duration) yrs. ds.

(Signed) T. O'Leish M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1-5 1929

20 UNDERTAKER Daniel Easter ADDRESS 916 E Pratt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

5

JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41070

CERTIFICATE OF DEATH.

101-901 E 41070

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklyn Sqare Hospital St., Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martina Bailey

(a) RESIDENCE NO. 915 Bridle Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fmale	Col	Marid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
27	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital

(Address)

15 1929 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooks M. D.

Coroner

1/4 . 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1-5 1929

20 UNDERTAKER David Easton ADDRESS 916 Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 41071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-192 41071

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 11-24 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Griffin

(a) RESIDENCE NO. 917 Madison ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (Write the word)
Male	Negro	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Unknown 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown Va

PARENTS

10 NAME OF FATHER John McKinney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant University Hospital
(Address) Frazier & Lombard

15 [illegible] 1929 C. THAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Fall 2 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry find that said deceased came to his death
(Inquest, autopsy or inquiry)
on the day stated above.

The CAUSE OF DEATH* was as follows:
1 fractures of ribs left tibia & fibula. Accident. Struck by auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pa Ave near Dolphin

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

1/4, 1929 (Address) 2739 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-3, 1929
20 UNDERTAKER Daniel Easter	ADDRESS 716 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-1-25—A Co.—200 Blks.

E 41072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 41072

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1402 Rutter St. 14-20 Ward

2-FULL NAME John Scales

(a) RESIDENCE NO. 1402 Rutter. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Scales

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Susie Scales

(Address) 1402 Rutter

15 Filed 1929 19 C. EMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3rd 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Gluck M. D.

Jan 3rd 1929 (Coroner)

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. F. Auburn Dec Date of Burial 1-4 1929

20 UNDERTAKER: Daniel Carter ADDRESS 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41073

CERTIFICATE OF DEATH.

181-001 E 41073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. 2905 Eastern St. 1-E Ward)

2-FULL NAME Ralph H Watts

(a) RESIDENCE NO. 2905 Eastern Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Watts.

6 DATE OF BIRTH (month, day, and year): April 27th - 1896

7 AGE: Years 33. Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maine

(State or country)

PARENTS

10 NAME OF FATHER: William Watts.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maine.

12 MAIDEN NAME OF MOTHER: Katherine Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Bessie Watts.

(Address): 1228 Patapsco St

15 Filed ....., 19 .....

Registrar

5 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Gas Poisoning 3 hrs

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Jan 4/29 Signed G C Glades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

Date of Burial: June 7th 1929

20 UNDERTAKER: Fred A. Hanson & Son

ADDRESS: 703 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-08

E 41074

1-PLACE OF DEATH

City of BALTIMORE: (No.) 431-W. 34 St. [illegible] Ward 49

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel L Grisinger

(a) RESIDENCE NO. 431-W-34 St. Pa Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dessa L Grisinger

6 DATE OF BIRTH (month, day, and year): June 4 1867

7 AGE — Years: 61 Months: 6 Days: 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer): Pen RR 12 01

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country): Pen

PARENTS

10 NAME OF FATHER: Grisinger

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country): "

14 Informant: Dessa Grisinger

(Address)

Filed ..... 19 ..... AKW Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-3 1929

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. M. Grissinger M. D.

(Coroner)

1/4, 19 29 (Address) 3632 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: 1 5 1929

20 UNDERTAKER: [illegible] York — ADDRESS: 1215 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41075

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Cullowee & Fayette ST. 14-20 WARD)

2-FULL NAME John W. Stallings

(a) RESIDENCE NO. 1718 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Stallings

6 DATE OF BIRTH (month, day, and year) Oct 9, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr Crain

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Jemes Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mattie Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Frances Stallings

(Address) 1718 Linden Ave

15 Filed N 5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1928, to Jan. 3, 1929.

that I last saw him alive on Jan. 2, 1929,

and that death occurred, on the date stated above, at 3.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) W.R. Grumbles, M. D.

, 19: (Address) 10 3 Bolton Terrace.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL 1/5 1929

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Fayette

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41076

CERTIFICATE OF DEATH

29 E 41076

1—PLACE OF DEATH Baltimore Md.

REGISTERED NO.

CITY OF BALTIMORE: (No. 1039 W Barrie ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2—FULL NAME Charles B Hasty

(a) RESIDENCE NO. 1039 W Barrie ST. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle A Hasty

6 DATE OF BIRTH (month, day, and year) June 11 - 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 57	7	24 22		

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer Asst Balto City Water Dept

(b) General nature of industry, business, or establishment in which employed (or employer) Steam Shovel

(c) Name of employer Potts & Callahan Co Marshall, N. Car

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Myrtle A Hasty

(Address) 1039 W Barrie St

15 Filed Jan 5 - 1929 L. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1924, to Jan 3, 1929, that I last saw h[im] alive on Jan 3, 1929 and that death occurred, on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Int. Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) L M Blackwell M. D.

Jan 4. 1929 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, of Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cmtry — DATE OF BURIAL 1/7 1929

20 UNDERTAKER Wm Cook — ADDRESS 1417 St Paul

Spec.—2-20-28—L. F. S.—500 Blks.

E 41077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41077

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan F. Smith

(a) RESIDENCE NO. 4705 Sch ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob A. Smith

6 DATE OF BIRTH (month, day, and year) Aug 27 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

15 Filed JAN 15 1929, 19 Registrar

C. HARRISON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-29

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 1928, to 1-3, 1929, that I last saw her alive on 1-3, 1929, and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia, left

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What (est confirmed diagnosis* Physical Exam

(Signed) John C. Mann, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1/7 1929

20 UNDERTAKER Wm Cook

ADDRESS 1214 E Fay

Spec.—2-29-28—L. F. S.—500 Bks.

E 41078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 41078

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Northern Parkway ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy A. Donovan

(a) RESIDENCE NO. 3033 Northern Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. Donovan

6 DATE OF BIRTH (month, day, and year) Feb. 10-1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Nachan Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Hilda Gessel

(Address) 3033 Northern Parkway

15 Filed 5 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 29 to Jan 4 19 29

that I last saw h alive on Jan 3, 19 29

and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(doration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

Jan 7 19 29 (Address) 4 206 Hopkins Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. a a Co.	Jan 8 1929
20 UNDERTAKER George V. Zirkle	ADDRESS 1737 E. Eager St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41079

CERTIFICATE OF DEATH

90E 41079

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 O'Donnell ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Cumberland

(a) RESIDENCE NO. 3006 O'Donnell ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lavinia Cumberland

6 DATE OF BIRTH (month, day, and year) Apr 8. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Luthel Ills.

PARENTS

10 NAME OF FATHER Chas. Cumberland

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York N Y.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Lavinia Cumberland

(Address) 3006 O'Donnell St.

15 JAN 5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 3, 1929, that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tillow, M. D.

1/4, 1929 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 5 1929

20 UNDERTAKER George W. Junker — ADDRESS 1737 E. Eager st

Spec.—2-29-28—L. F. S.—500 Bks.

E 41080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41080

CERTIFICATE OF DEATH

1-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1640 Darley Avenue ST. 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie L. Karsten

(a) RESIDENCE NO. 1640 Darley Avenue. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Karsten

6 DATE OF BIRTH (month, day, and year): 2/8/1856

7 AGE: Years 72 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Discher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Milton Brown

(Address) 1627 Darley Avenue

15 Filed 5 1929 G. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 4 - 1929.

17 I HEREBY CERTIFY, That I attended deceased from January 2. 1929. to January 4. 1929. that I last saw her alive on January 3. 1929. and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart 12 hours.
Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos. Fa. Stevens, M. D.

1 - 5. 1929 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Lutheran Cem

DATE OF BURIAL: 1/7 1929.

20 UNDERTAKER: Albert L. Hiltz Jr

ADDRESS: 1606 N. Chester St

Spec.—1-12-23—M&T—500 Blks.

E 41081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41081

CERTIFICATE OF DEATH.

73

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 Homestead ST. 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emma Leight

(a) RESIDENCE NO. 629 Homestead ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Leight

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	65	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mabel L. Harshfeld

(Address) 629 Homestead St.

15 Filed 5 1929, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from about Dec. 20, 19 , to Jan 3, 1929,

that I last saw her alive on Jan 3, 1929,

and that death occurred, on the date stated above, at 1.35 p. m.

The CAUSE OF DEATH* was as follows:

hypostatic pneumonia.

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Cowles, M. D.

(Address) 634 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 5 1929

20 UNDERTAKER: D. John F. Denny ADDRESS: 715 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41082

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 92-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Jordan

(a) RESIDENCE NO. 233 W. Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Robert Jordan

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

14 Informant

(Address)

Filed 5-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 12-18, 1928, to 1-1, 1929, that I last saw h alive on 1-1, 1929, and that death occurred on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis, Pneumococcic

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? Home & Hosp.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Laboratory

(Signed) John C. Sherman M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	1/5 1929

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1390 W. Barney St.

Spec.—1-12-23—M&T—500 Bks.

E 41083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 41083

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 North Court ST. 6-10 WARD)

2-FULL NAME William La Rue

(a) RESIDENCE NO. 101 North Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louise La Rue

6 DATE OF BIRTH (month, day, and year) Dec 25 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	65	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter Track Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United R.R. & E. Co Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Louise La Rue (Address) 101 North Court Street

15 Filed 1929, 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Jan 1, 1929, that I last saw h[illegible] alive on Jan 1, 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis & hypertension

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physician & Roentgen

(Signed) John F. Hammett, M.D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 1/5/1929

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2303 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 41084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41084

CERTIFICATE OF DEATH.

89

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1901 Frederick Av ST. 20-28 WARD)

2-FULL NAME Mary Agnes McCrealus

(a) RESIDENCE NO. 1901 Frederick Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 23, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Magee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Francis Bonsall

(Address) 620 Hamilton Terrace

15 C. HAMPSON JONES, M. D.

1929 16 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 1929

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1929, to January 7, 1929, that I last saw her alive on January 6, 1929, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mildred Hill, M. D.

1/14, 1929 (Address) 158 W Dalton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prov. Catholic Cemetery DATE OF BURIAL Jan 9 1929

20 UNDERTAKER George L. Schwab Bro ADDRESS 101 Pulaski

TION is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

E 41085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41085

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1828 Lauderdale St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Cullery

(a) RESIDENCE NO. 1828 Lauderdale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Cullery

6 DATE OF BIRTH (month, day, and year): July 14 1861

7 AGE: Years 67 Months 10 Days 19

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: 031

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John McCurnick

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Annie Cullery (Address) 1828 Lauderdale

15 Filed JAN 5 1929

C. HAMPSON JONES, M. D. Registrar

By ALM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 2 1929 to Jany 3 1929

that I last saw h[illegible] alive on Jany 3 1929

and that death occurred, on the date stated above, at 1[illegible]0 m.

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilitation (7 Days)

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Claudius M. D.

(Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial Jan 7 1929

20 UNDERTAKER: Rita Wiedefeld — ADDRESS 914 Guilford Ave

OF DEATH if plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1111 N. Biway ST., 7-12 WARD)

2—FULL NAME Theresa K. Colton

(a) RESIDENCE NO. 1111 N. Biway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Carroll A. Colton

6 DATE OF BIRTH (month, day, and year) Oct 2/08

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John S. Butt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carroll A. Colton

(Address) 1111 N. Biway

15 Filed 1929 CHAMPION [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/29

17

I HEREBY CERTIFY, That I attended deceased from Novemb 6, 1928, to Jan. 3, 1929, that I last saw h[illegible] alive on January 3, 1929, and that death occurred, on the date stated above, at 9.55 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert G. Dingwall, M. D.

1/4/1929 (Address) 613 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 1/7/29

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 41087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 2 9 41087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dorothea Fritag W.o

(a) RESIDENCE NO. 2433 Mc Elroy Alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Theodore Fritag

6 DATE OF BIRTH (month, day, and year) Sept 4-1852

7 AGE Years 76 Months 4 Days 0 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER? John Zemme

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Daughter Mrs Kate Eckhoff

(Address) 2433 Mc Elroy Alley City

15 Filed ..... 19.. C. HAMPSON JONES II Registrar

N5 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11 19 29

17

I HEREBY CERTIFY, That I attended deceased from 12 31 28, 19 28, to 1 11 19 29

that I last saw her alive on 1 11 19 29

and that death occurred, on the date stated above, at 4 45 A m.

The CAUSE OF DEATH* was as follows:

R1 Lobar Pneumonia

(Lobes)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex.

(Signed) H. A. Buechner M. D.

1/4. 1929 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Philip Herwig ADDRESS 206 Orleans St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41088

E 41088

CERTIFICATE OF DEATH

REGISTERED NO. 129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Mc Elderry ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Holt

(a) RESIDENCE NO. 1500 Mc Elderry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ late Laura J. Holt

6 DATE OF BIRTH (month, day, and year) Mar 3/60

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marselena —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edmund B. Holt

(Address) 1500 Mc Elderry St.

JAN 5 1929 Filed C. HAMPSON JONES, Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3/29

17 I HEREBY CERTIFY, That I attended deceased from 12-30-, 1928, to 1-3-, 1929.

that I last saw h... alive on 1-2-, 1929

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Wm B Barger, M. D.

1-4-, 1929 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltotown.

DATE OF BURIAL 1/5 1929

20 UNDERTAKER Philip Herwig

ADDRESS 206 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

E 41089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41089

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 N. Eden St. 19-27 Ward)

2-FULL NAME Henry Barnett

(a) RESIDENCE NO. 219 N. Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): O'Do

(c) Name of employer

9 BIRTHPLACE (city or town): Charleston

(State or country): S C

PARENTS

10 NAME OF FATHER: Thomas Barnett

11 BIRTHPLACE OF FATHER (city or town)

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Lucy Fauntleroy

(Address): 219 N. Gilmor St

15 Filed 1929 C. HAMPSON JONES, M. D.

By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/27 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/1 1928, to 1/27 1929,

that I last saw h[illegible] alive on 1/27 1929,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Hamilton M. D.

1/31, 1929 (Address) 912 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charleston, S. C. Date of Burial: Jan 5, 1929

20 UNDERTAKER: Mrs Kate R Williams ADDRESS 322 E Saratoga St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41090

CERTIFICATE OF DEATH

31 E 41090

1—PLACE OF DEATH Provident Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 14-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E Slocum

(a) RESIDENCE NO. 1323 N Fremont ST., WARD
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen V. Slocum

6 DATE OF BIRTH (month, day, and year) June 20, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Slocum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Helen V. Slocum

(Address) 208 E 23rd St

15 Filed ..... 19 ..... C. HAMPSON JONES, Registrar

N 5 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928 to Jan 2, 1929

that I last saw h/ Mt alive on Jan 2 1929

and that death occurred, on the date stated above, at 7.20 p m.

The CAUSE OF DEATH* was as follows:

Bleeding with Effusion

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) B Klein M. D.

1-3, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Jan 6, 1929
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41091

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 41091

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1343 Myrtle ST., 17-25 (WARD)

2—FULL NAME Helleen Hawkins

(a) RESIDENCE NO. 1343 Myrtle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 15-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Richard Hawkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Rachel Lewis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Rachel Hawkins
(Address) 1343 Myrtle

15 Date received JAN 5 - 1929 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, that I attended deceased from Jan 3, 1929, to Jan 5, 1929, that I last saw h[illegible] alive on Jan 5, 1929 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos J Woolridge, M. D.

1-5, 1929 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-6 1929

20 UNDERTAKER David Carter

ADDRESS 916 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

Emily M. Allard

E 41092

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

E 41092

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. 140 N. Broadway, 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emily M. Allard

(a) RESIDENCE NO. 140 N. Broadway, WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: E. C. Allard

6 DATE OF BIRTH (month, day, and year): June 10 - 1849

7 AGE: Years 79 | Months 6 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Maria Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Ed. Allard

(Address) 140 N. Broadway

15 JAN 5 1929 C. BAXTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 3rd, 1929

that I last saw her alive on Jan 2d, 1929

and that death occurred, on the date stated above, at 4.00 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Cancer of Sigmoid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. M. Turner, M. D.

(Address) 1507 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jany. 5 1929
20 UNDERTAKER	ADDRESS
Robt J Turner Grad	1902 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 41093 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41093

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1628 John St St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madame Marie Delavigne

(a) RESIDENCE No 1628 John St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dont know

6 DATE OF BIRTH (month, day, and year): June 8. 1838

7 AGE: Years 90 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): France

PARENTS

10 NAME OF FATHER: Dont. Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Dont. Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: Miss White (Address) 1628 John St

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1928. to Jan. 5th, 1929. that I last saw her alive on December 30th 1928. and that death occurred, on the date stated above, at Nine a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Severe shock from falls

(duration) yrs. 6 mos. weeks ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thomas L. Shearer, M. D.

Jan 5th, 1929 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: June 8 1929

20 UNDERTAKER: John B. Spence — ADDRESS: 1825 N. Carlton St

THON is very important. See instructions on back of certificates.

5 - 1929

Spec.—2-29-28—L. F. S.—500 Blks.

E 41094

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00 E 41094

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3227 Tostee ave ST. 26 WARD)

2—FULL NAME Catherine A. Reynolds.

(a) RESIDENCE NO. 3227 Tostee ave ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Reynolds.

6 DATE OF BIRTH (month, day, and year) Jan. 14th 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margt. Wicht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant William T. Reynolds

(Address) 3227 Tostee Ave.

15 Filed JAN 5 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Jan. 3, 1929, that I last saw her alive on Jan. 2, 1929 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. L. Peterson M. D.

1. 4. 1929 (Address) 5 14 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan. 7th 1929
UNDERTAKER Zilly - Zeiler Inc.	ADDRESS 408 S. Wolfe St

Spec.--1-10-21—M&T—1500 Bks.

E 41095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41095

CERTIFICATE OF DEATH.

× 90

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... ST. 12-54 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Taylor

(a) RESIDENCE NO. 723 Washington Ave., Norfolk, Va. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~15~~ yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 12, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman 0/0

(c) Name of employer Mer. & Miners Trans. Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Charlotte Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

15 Filed 1929 C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 1929

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1929, to January 4, 1929, that I last saw him alive on January 4, 1929, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Aortic regurgitation

(duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Bradley O. Hodgkiss, M. D.

1/5, 1929 (Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Virginia

DATE OF BURIAL Jan 6, 1929

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 125 E. Monto ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41096

CERTIFICATE OF DEATH.

X 74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1934 W. Lafayette Ave St., 16-77 Ward) Registered No.

2-FULL NAME George Washington Wilson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1934 W. Lafayette Ave St., Ward W. Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6-DATE OF BIRTH (month, day and year) Aug 1, 1846

7-AGE. 82 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired chemist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Mineral Co, W. Va.

PARENTS.

10-NAME OF FATHER. Peter Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Romney W. Va.

12-MAIDEN NAME OF MOTHER. Louisa Hull

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Mineral Co. W. Va.

14-

(Informant) Mrs. Louise Shipley

(Address) 1934 W. Lafayette Ave.

15-Filed 5 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 4/29

17- I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925 to Jan. 4, 1929 that I last saw him alive on Jan 4, 1929 and that death occurred, on the date stated above, at 6 40 p. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis 440 /

cerebral hemmorhage 330 /

cardiac failure I

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) cardiac failure

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) George F Knipp M. D

19 (Address) 3020 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Keyser W Va

DATE OF BURIAL. 5 ....., 19....

20-UNDERTAKER Geo W Little

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 11097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 21 E 11097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 5-8 WARD)

2-FULL NAME Clara ~~Morgan~~ Williams

(a) RESIDENCE NO. 417 Jefferson Ave ST. WARD Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1875~~ ~~Jan 4 1929~~

7 AGE: Years About 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucy [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Samuel Jones
(Address) 621 N. Caroline St

15 Filed 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1929 to Jan 4 1929.

That I last saw him alive on Jan 4 1929.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luther C. Peter M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem. Towson Md — DATE OF BURIAL: 1-6 1929

20 UNDERTAKER: Byron Wright — ADDRESS: 1218 N. Caroline St

Spec.—1-10-21—M&T—1500 Bks.

E 41098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 501

E 41098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 N. Lakewood Ave (ST.) (10 WARD)

2-FULL NAME Kunnigunda M. Deinlein

(a) RESIDENCE NO. 403 N. Lakewood Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs 3 mos 27 ds. How long in U. S. If of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Deinlein

6 DATE OF BIRTH (month, day, and year) Sept 7/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hemberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs. John H. Deinlein

(Address) 403 N. Lakewood ave

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Jan. 4, 1929, that I last saw her alive on Jan 3rd, 1929, and that death occurred, on the date stated above, at am.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Pearson, M. D.

Jan. 7, 1929 (Address) 514 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Jos. J. Kerr — ADDRESS 156 W. Lanvale

TION is very important. See instructions on back of certificates.

5

Spec.—1-12-23—M&T—500 Blks.

E 41099 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41099

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4923 Palmer Ave ST. 27-16 WARD)

2-FULL NAME Ernest Alexander Isberg

(a) RESIDENCE No. 4923 Palmer Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 50 yrs. 0 mos. 0 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eleanor Lida Isberg

6 DATE OF BIRTH (month, day, and year) June-10-1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
64	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)
(c) Name of employer: (Retired) 086

9 BIRTHPLACE (city or town) (State or country): Faalam Sweden

PARENTS

10 NAME OF FATHER: Hans A. Isberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Faalam Sweden

12 MAIDEN NAME OF MOTHER: Matilda C. Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Upsaala Sweden

14 Informant (Address): Mrs Eleanor L. Isberg (wife) 4923 Palmer Ave

15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 28. 1928. to Jan 3 1929
that I last saw him alive on Jan 3 1929
and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency 7
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Bubert M. D.
(Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Stewart & Conn Co — ADDRESS: Balto

TION IS very important. See instructions on back.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 41100

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Linden Ave ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Ettie E. Ratcliffe

(a) RESIDENCE NO. 1829 Linden Ave ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? 12 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about Oct 17. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 35		2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elarbe N. C.

PARENTS

10 NAME OF FATHER Gadye Ratcliffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C

12 MAIDEN NAME OF MOTHER Mary Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C

14 Informant Mrs Mary Ratcliffe

(Address) 1829 Linden Ave

15 Filed 5-1929, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4, 1929

17

I HEREBY CERTIFY, That I attended deceased from . 1922 to January 4. 1929

that I last saw h[illegible] alive on January 3 . 1929

and that death occurred, on the date stated above, at 8 15/60 m.

The CAUSE OF DEATH* was as follows:

Secondary anemia from Operation for angioma of face

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 26 Operations in last 3 years Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) George M. Little, M. D.

1/7, 1929 (Address) 2435 Maryland Ave

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Florence, South Carolina	Jan 5 1929
20 UNDERTAKER	ADDRESS
Geo Foreclens & Son	217 S. Paca

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41701 × 117 E 41701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Howard & Madison ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Cartzendafner

(a) RESIDENCE NO. New Windsor, Md ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Bertie Cartzendafner

6 DATE OF BIRTH (month, day, and year) March 3, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER William Cartzendafner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Blaptist, 1929 (Address) Md. Gen. Hosp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hosp. Record

15 Filed JAN 6 1929 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928 to Jan 5, 1929.

that I last saw h~~im~~alive on Jan 5, 1929.

and that death occurred, on the date stated above, at 4 45 p. m.

The CAUSE OF DEATH* was as follows:

Cholangitis
Appendicial Abscess
Cardiac vascular Renal disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensated

(duration) yrs. mos. 2 wks.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 28, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Rafferty M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Carrollton. Pipe Creek Cemetery — DATE OF BURIAL Jan 8 1929

20 UNDERTAKER C. M. Waltz — ADDRESS Hampstead, Md.

IMPORTANT is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Augus Sullivan

221227 E 41102

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 41102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angust Sullivan

(a) RESIDENCE NO. 11 Balto. St (Usual place of abode) STREET WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Angus Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Isabel Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) JOHNS HOPKINS HOSPITAL

[illegible] JONES, M. D. Registrar

[illegible] 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 1929

17

I HEREBY CERTIFY, That I attended deceased from January 2. 1929. to January 5. 1929.

that I last saw h[illegible] alive on January 5. 1929.

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) — yrs — mos 6 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charlotte Co.	[illegible] 1929
UNDERTAKER Joseph Ahearn	ADDRESS 22 [illegible]

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41103

CERTIFICATE OF DEATH.

161-001 E 41103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 W. Saratoga ST. (WARD) 4-Mo

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby-girl Jones

(a) RESIDENCE NO. 707 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1929.

7 AGE	Years	Months	~~Days~~	If LESS than 1 day, hrs. or min.
			30 min.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wake Forest N. Car.

12 MAIDEN NAME OF MOTHER Beulah Riddick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boykin Vir.

14 Informant

(Address)

AN 6 1929 Registrar

Charles Jones, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Jan 1, 1929, that I last saw her alive on Jan. 1, 1929, and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity
28 wks.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis W. Knapp Jones M. D.

1-4. 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — Commissioner Health — ADDRESS JAN 5 1929

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41104

CERTIFICATE OF DEATH.

100-001 E 41104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 E. Biddle St. 1-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Duffy

(a) RESIDENCE NO. 607 E Biddle ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Duffy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Marvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Rev. Hugh Duffy

(Address) 609 E. Biddle St

15 Filed JAN 5 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/31, 1928, to 1/4, 1929.

that I last saw her alive on 1/3, 1929.

and that death occurred, on the date stated above, at 9 00 A. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo B. Dubert, M. D.

, 19 (Address) 2702 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemy	Jan 8 1929

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E Eager

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41105

CERTIFICATE OF DEATH.

129 E 41105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Aisquith St. ST 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Reardon

(a) RESIDENCE NO. 1234 Aisquith ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Reardon

6 DATE OF BIRTH (month, day, and year) March 26 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
70	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Philip Reardon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Reardon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Lottie Reardon 1234 Aisquith St.

15 AUG 6 1929 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 4, 1929, that I last saw him alive on Jan 3, 1929, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows: Chr. Endo-myocarditis

from history (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr nb. nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) Thos R. Speaght, M. D.

(Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 7. 1929

UNDERTAKER Edward W. Conklin ADDRESS 924 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

Tuna

22 E 11106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 11106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Tuna

(a) RESIDENCE NO. 925 Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of.

6 DATE OF BIRTH (month, day, and year) Dec 23 - 1924

7 AGE: Years 4 | Months | Days 12 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Frank Tuna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Barbara Hulse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Friends -

(Address)

15 Filed NOV 6 1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3 1929 to Jan. 5 1929

that I last saw him alive on Jan 5 1929

and that death occurred, on the date stated above, at 12 45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumococcic Septicaemia

Pneumococcus Pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 6 1929

UNDERTAKER: Enoch Grace & Son — ADDRESS: 1906 Eutaw and C

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41107

CERTIFICATE OF DEATH.

49

E 41107

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1-59 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isadac Wolfe

(a) RESIDENCE NO. Temple Garden Apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Wolf

6 DATE OF BIRTH (month, day, and year) Oct. 9th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	27	

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dept Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Rofhed Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Sonnenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs I Wolf (Address) Winterbrook

15 Filed 1-6-1929 C. HAMILTON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5- 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-2 1929 to 1-5 1929

that I last saw h alive on 1-5 1929

and that death occurred, on the date stated above, at 5:08 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder
Regional Metastases

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes. Date of 9-20-28

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Fredrick Silver M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chevra Shalom	Jan 7 1929

20 UNDERTAKER David Sondheim ADDRESS 1148 W. Lexington

HOUSE is very important. See INSTRUCTIONS on BACK of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41108 Ruth Anna Phipps

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4-30 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. ~~Harry~~ Ruth Anna Phipps

(a) RESIDENCE No. 18 W. Penna. Ave ST. Towson, Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Phipps

6 DATE OF BIRTH (month, day, and year) May 21-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Joseph Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md.

12 MAIDEN NAME OF MOTHER Ruth Anna Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Mrs Chas W. Held.

(Address) 18 W. Penna Ave Towson Md

15 Filed 1929 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1929

17

I HEREBY CERTIFY, That I attended deceased from 12-30 . 1928 . to 1-5 . 1929

that I last saw h[illegible] alive on 1-5 . 1929

and that death occurred, on the date stated above, at 4.45P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (secondary) Diabetes Mellitus Coronary Sclerosis (duration) yrs. mos. 9 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Laukaitis, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cem

DATE OF BURIAL Jan 8 1929

20 UNDERTAKER John Burns Sons

ADDRESS Towson

Spec.—2-29-28—L. F. S.—500 Bks.

E 41109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41109

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2332 Edmondson Ave (ST.) 16-69 (WARD)

2—FULL NAME Eleanor Rutwell Spranklin

(a) RESIDENCE NO. 2332 Edmondson ST., Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Spranklin

6 DATE OF BIRTH (month, day, and year): March 6-1853

7 AGE: Years 75 | Months 9 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment In which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: George Cable

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Adda Cole

(Address) 2332 Edmondson Ave

Filed JAN 5 1929, 19.. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3—1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Jan 3, 1929

that I last saw h[er] alive on Jan 3, 1929

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Tippett, M. D.

Jan 5/29, 19.. (Address) 2220 Gerrish

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. | DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: John Burns Sons | ADDRESS: Towson Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41110

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH

E 41110

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice Adams

(a) RESIDENCE NO. 117 Raborg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Moses Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed JAN 6 - 1929 HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-29

17 I HEREBY CERTIFY, That I attended deceased from 8-7 1926 to 1-4 1929

that I last saw her alive on 1-4 1929

and that death occurred, on the date stated above, at 8:10 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Emphysema

Chronic arthritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) John C. Wilson M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 7 1929
UNDERTAKER Samuel K. Hemsley	ADDRESS 578 Biddle

Spec.—2-29-28—L. F. S.—500 Hks.

E 41111

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 41111

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Fisher

(a) RESIDENCE NO. 726 Prince ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Sam. T. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hansen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

Address BALTIMORE CITY HOSPITALS

Filed NOV 6 1929, 19

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-29

17 I HEREBY CERTIFY, That I attended deceased from 12-10 1928 to 1-24 1929

that I last saw him alive on 1-24 1929

and that death occurred, on the date stated above, at 10:25 A. m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Thoracic Aorta

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. 1 mos. ds.

Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray, Lab & Physical

(Signed) John E. Thomas, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 7 1929
20 UNDERTAKER Samuel T. Beasley	ADDRESS 678 N. Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

Narcissis Trower

E 41112

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

E 41112

CERTIFICATE OF DEATH

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Division ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nasia Trowser

(a) RESIDENCE NO. 1102 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Trower

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Wm Trower

(Address): 1102 Madison Ave

Filed 1-6 1929 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 1928, to Jan 3, 1929, that I last saw h. er alive on Jan 3, 1929 and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/4, 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/6, 1929

20 UNDERTAKER: Samuel Brawley

ADDRESS: 1128 Dolphin St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41113 — 185 E 41113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4900 Palmer ave ST. 27-56 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma E. Hermansi (HERMANI)

(a) RESIDENCE NO. 4900 Palmer ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Hermansi

6 DATE OF BIRTH (month, day, and year): July 8. 1882

7 AGE: 46 Years 4 Months 26 Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer): Household

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Julius Engelhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Charlotte Christ

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14

Informant: Henry Hermansi

(Address): 4900 Palmer ave

Filed: 1929 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929, to Jan 4, 1929,

that I last saw h alive on Jan 2, 1929,

and that death occurred, on the date stated above, at. 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism (or Apoplexy) Suddenly

(duration) — yrs — mos 0 ds.

CONTRIBUTORY (Secondary) Comminuted fracture of Tibia & Fibula

(duration) — yrs. — mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Clinical findings

(Signed) C. B. Eubor, M. D.

1-4, 1929 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Chas. E. Branch — ADDRESS: 502 Madison Ave

No. 1929

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41114

CERTIFICATE OF DEATH.

100 E 41114

REGISTERED NO. 1124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvira Evans

(a) RESIDENCE NO. 235 West Read ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 6- 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11 Mo.	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Owen Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Margaret Rosan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Judge Emmart Peale Court

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan. 5, 1929, that I last saw h[illegible] alive on Jan. 5, 1929, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Delerium Tremens (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Hendrix M. D.

(Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nanticoke Penn DATE OF BURIAL Jan 6 1929

UNDERTAKER Chas. E. Franck ADDRESS 527 Madison Ave

Spec.—1-12-23—M&T—500 Blks.

Hiron

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital ST. 12-50 WARD) REGISTERED NO. E 41115

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Mr. Henry Hiron

(a) RESIDENCE NO. 347 E. 22nd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widower ~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Hirons

6 DATE OF BIRTH (month, day, and year) March 1, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	88	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Birmingham England

PARENTS

10 NAME OF FATHER William Hiron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Birmingham, England

12 MAIDEN NAME OF MOTHER Elizabeth Marsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Birmingham, England

14 Informant Mrs Hughes

(Address) 347 E 22nd St

15 Filed 1929 C. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928. to Jan. 5 1929.

that I last saw him alive on Jan. 5 1929

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Paul Thurlow M. D.

(Address) Mt Belle. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wallingford Conn. DATE OF BURIAL Jan. 6 1929

20 UNDERTAKER Wm. Fletcher Sons ADDRESS Norfolk

Cor.—12-9-25—A Co.—200 Bks.

E 41116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41116

CERTIFICATE OF DEATH.

185

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. 4th St., Ward 46

2-FULL NAME Thomas F. Kinnamon

(a) RESIDENCE NO. 1734 E. 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Kinnamon

6 DATE OF BIRTH (month, day, and year) Feb. 22 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Repairs

(b) General nature of industry, business, or establishment in which employed (or employer) Sell.

(c) Name of employer Monumental Auto Works.

9 BIRTHPLACE (city or town) Pikesman's

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert F. Kinnamon

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Annie E. Faulkner

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mr. Alfred C. Kinnamon

(Address) Pikesman Md

15 Filed ..... 1929 C. HAMPSON JONES, M. D.

JAN 6 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Shock

Fracture of skull & Oedema of brain

Accidental

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Over)

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Coroner

1/5, 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesman's Md. Date of Burial Jan. 6 1929

20 UNDERTAKER Wm. Tickner & Sons ADDRESS North Ave

Cut very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41117

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 43 E 41117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bishop

(a) RESIDENCE No. 1208 Linden Ave. ST. — WARD Berlin Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Ellen Bishop (nee Jacobs)

6 DATE OF BIRTH (month, day, and year) about 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER — Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. M. Pasha Watson

(Address) Selbyville Del.

15 Filed 1-6-1929 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. Oct. 6, 1928. to Jan. 5, 1929.

that I last saw him alive on Jan. 5, 1929.

and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lower jaw.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Vincent Davis, M. D.

1-5, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Berlin Md	Jan 6 29.

20 UNDERTAKER Harry N. Witzke

ADDRESS 155 W. Lombard St.

Spec.—1-10-21—M&T—1500 Blks.

Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41118

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. E 41118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 9-17 WARD)

2-FULL NAME Baby Miller

(a) RESIDENCE No. 10 Brooklyn Rd Lindell ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1928

7 AGE — Years: — Months: — Days: 16

If LESS than 1 day, hrs. or min. 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Stephen J. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Weber

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Mr. Stephen J. Miller
(Address) Lindell Md.

15 HARRISON JONES, M. D.
Registrar

JUN 6 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/20/ 1928 to 1/5/ 1929,

that I last saw h— alive on 1/5/ 1929,

and that death occurred, on the date stated above, at 3.45a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Influenza)

(duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary)
Pneumonia (duration) yrs. ..... mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. F. Colgan M. D.

. 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL 1/7/29 19

UNDERTAKER: Henry J. Witzke, 1531 N. — ADDRESS Lombard

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41119

CERTIFICATE OF DEATH

11-001

E 41119

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 512 Dennison St. ST. 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Harry Martin

(a) RESIDENCE NO. 512 Dennison St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harry J. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret E. Blank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill.

14 Informant Mr. Harry J. Martin

(Address) 512 Dennison St.

Filed JAN 8 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928 to Jan 4, 1929 that I last saw h live on Dec 4, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

19 (Address) 512 Dennison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	1/7/29 19

20 UNDERTAKER Harry J. Witte ADDRESS 53 N. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41120

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 4-25 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest Cougnet

(a) RESIDENCE NO. 423 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: 75 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labourer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Amed Cougnet

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Records

BALTIMORE CITY HOSPITALS

Filed 6- 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-29

17 I HEREBY CERTIFY, That I attended deceased from 12-21, 1928, to 1-4, 1929.

that I last saw him alive on 1-4, 1929

and that death occurred, on the date stated above, at 935 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic & acute

Hypocardial Insufficiency

several weeks

CONTRIBUTORY (Secondary) Varicose ulcers of leg (duration) yrs. mos. ds.

arteriosclerosis Emphysema (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Jno. E. Wilson M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gen. States Evergreen Cem

DATE OF BURIAL: 1/7 1929

UNDERTAKER: Harry H. Wright

ADDRESS: 1531 W. Lombard St

Spec.—2-29-28—L. F. S.—500 Bks.

41121

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 41121

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 ℄ Nortlewood ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frankie V. Hickinson

(a) RESIDENCE NO. 1253 ℄ Nortlewood ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Hickinson

6 DATE OF BIRTH (month, day, and year): Sept 19 = 1868

7 AGE: Years 60 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min. 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Druggist

(b) General nature of industry, business, or establishment in which employed (or employer): 625

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: James R Hickinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Eliza V Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs Hickinson

(Address): 1253 Nortlewood Ave

15 Filed 1929 W. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3. 1929

17 I HEREBY CERTIFY That I attended deceased from Jan 1. 1929 to Jan 3. 1929

that I last saw her alive on Jan 3 1929

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:

Acute Dilatation of Stomach.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Hamburger M. D.

1/4. 1929 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 7 1929
20 UNDERTAKER Henry Lutz	ADDRESS 1203 Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

E 41122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41122

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3907 Chatan Road ST. 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Yetta Schosfew

(a) RESIDENCE NO. 3907 Chatan Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5 - 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Isaac Schosfew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Levy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

PARENTS

Informant Isaac Schosfew

(Address) 3907 Chatsam Road

FILED JAN 6 1929 C. HAROLD JONES, M. D.
Registrar

INO - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/29 1-6-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928. Jan 6, 1929.

that I last saw h er alive on Jan 6 1929

and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis
Hypostatic Pneumonia

(duration) 2 wks 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. L. Mazer, M. D.

1/6, 1929 (Address) 726 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	Jan 6 1929
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 Eldale St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41123

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3226 Auchentorolly Terrace ST. (WARD) 13-59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Milliman

(a) RESIDENCE NO. 3226 Auchentorolly Terrace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Toba . Milliman

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER David Milliman

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant David Milliman

(Address) 3226 Auchentorroly Terrace

15 Filed [illegible] 1929 [illegible] Registrar

Rec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1929, to Jan 4th, 1929, that I last saw h living on Jan 4th, 1929 and that death occurred, on the date stated above, at 4 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Saml Hamburg M. D.

, 19 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Freindship Cem	Jan 6 19 29

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 41124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001 E 41124

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S Decker Ave. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Socka

(a) RESIDENCE NO. 1214 S Decker Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Paul Koprawski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Antonina Damska

(Address) 1214 S Decker Ave

15 FILED JAN 6 - 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from DEC 26 28, to Jan 2 29, that I last saw her alive on Jan 3 29, and that death occurred, on the date stated above, at 11 30 P a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William F Rypa M. D.

(Address) 301 N Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Gar

DATE OF BURIAL 1929

20 UNDERTAKER John N Weber

ADDRESS 401 Chester Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41125

CERTIFICATE OF DEATH.

REGISTERED NO. E 41125

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital (St.) Lombard

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T Barnes

(a) RESIDENCE NO. 201 N. Arch St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sidney T.

6 DATE OF BIRTH (month, day, and year) Oct 1. 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	84	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

PARENTS

9 BIRTHPLACE (city or town)
(State or country) New Jersey

10 NAME OF FATHER Henry Conklin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Hannah Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Jersey

14 Informant Martin M Ritter
(Address) 14 Sidney St Newark N J

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feller, M. D.

(Coroner)

1/5, 1929 (Address) 2709 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hanover — Date of Burial 1/7 1929

20 UNDERTAKER: Wm Cook — ADDRESS 1275 Paul

very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 41126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41126

CERTIFICATE OF DEATH

REGISTERED NO. 90

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No.) 1000 Caton Ave. St. (Ward) 25-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Kenny

(a) RESIDENCE NO. Dundalk Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 65 Months 6 Days

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Hara

(c) Name of employer: St Agnes Hosp

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John H Kenny

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country): Unknown

14 Informant: Jenkins Memorial Hospital

(Address): 1000 Caton Ave Baltimore

15 Filed DEC 6 - 1929, 19.. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Jan 5, 1929, that I last saw h[illegible] alive on Jan 4, 1929, and that death occurred, on the date stated above, at 2:45 A

The CAUSE OF DEATH* was as follows:

1 Mitral Stenosis with Regurgitation

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Partial

What test confirmed diagnosis? Clinical

(Signed) R M. Levinson, M. D.

, 19 (Address) St Agnes Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: 1/8 1929

20 UNDERTAKER: J M Cook

ADDRESS: 1217 E Fayette St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 41127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41127

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1608 Abbottston St. 9-46 Ward)

2-FULL NAME Mrs Wilhelmina Albert

(a) RESIDENCE NO. 1608 Abbottston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew H Albert

6 DATE OF BIRTH (month, day, and year): July 2. 1869

7 AGE: Years 59 Months 6 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): D 31

(c) Name of employer: At Home

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: George Frank

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Eck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Andrew H Albert

(Address): 1608 Abbottston St

Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 28 1928, to Jan 4, 1929, that I last saw her alive on Jan 4, 1929, and that death occurred, on the date stated above, at 11.9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. D. Jamison, M. D.

1/5, 1929 (Address) 1957 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forkwood — Date of Burial 1/8 1929

20 UNDERTAKER: W M Cook — ADDRESS 1217 E Pratt St

Very important. See instructions on back of certificates.

JAN 6 1929

GARRISON JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

E 41128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41128

CERTIFICATE OF DEATH

129

REGISTERED NO. 20-28

1-PLACE OF DEATH

City of BALTIMORE: (No. 2005 Frederick Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Wolf.

(a) RESIDENCE NO. 2005 Frederick Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sebastian Wolf.

6 DATE OF BIRTH (month, day, and year): Feb. 12 - 1857

7 AGE: Years 71 Months 10 Days 23

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore -

(State or country) - Md.

PARENTS

10 NAME OF FATHER Christoph Apperl.

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Germany.

14 Informant Mr. Conrad Wolf

(Address) 2005 Frederick Ave.

Filed JAN 6 - 1929, 19 .....

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 4 - 29

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 - 1928 to Jan 4 1929.

that I last saw h.. alive on Jan 4th 1929.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Pneumonia Hypostatic.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Miller Hemming M. D.

1/5 1929 (Address) 7000 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: Jan. 7- 1929.

20 UNDERTAKER: Charles J. Schwab

ADDRESS 505 N. Monroe St.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3431 Chestnut Ave ST. 20-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Blum

(a) RESIDENCE NO. 1821 W Fairmount Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Blum

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Blum

(Address) 1821 W Fairmount Ave

15 Filed JAN 6 - 1929 H. Hartley Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 5, 19..., that I last saw her alive on Jan 4, 19 29, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

CONTRIBUTORY (Secondary) Oedema of Lungs (duration) yrs. 6 mos. ds.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmidt, M. D.

1/6, 1929 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 8 1929

20 UNDERTAKER Schmidt Son

ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bkp.

E 41130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41130

CERTIFICATE OF DEATH

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. ST., 1/4/29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Mayler

(a) RESIDENCE NO. 1007 W. 37th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella May Mayler.

6 DATE OF BIRTH (month, day, and year) 1/27/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Mayler

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Hospital Record (Address)

15 JAN 6 - 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1925, to 1/4, 1929,

that I last saw him alive on 1/4, 1929,

and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia - Left.

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus - Toxemia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-1-29

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical.

(Signed) Jno A. Thompson, M. D.

1/6/29 (Address) 1215 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Jan 8 1929

20 UNDERTAKER Edmondson Son — ADDRESS 615 Eutaw

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41131

11-001

E 41131

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 723 W. Lafayette Ave St. 1723 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie M. Walker

(a) RESIDENCE NO. 723 W Lafayette Ave Ward 17

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S Walker

6 DATE OF BIRTH (month, day, and year) 28 Nov 1846 Nov 28 - 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	82	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co

PARENTS

10 NAME OF FATHER Geo M Earhart

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington D.C.

14 Informant C Eason Reynard

(Address) 723 W. Lafayette Ave

15 Filed JAN 3 - 1929, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Jan 5, 1929 that I last saw h e alive on Jan 4, 1929 and that death occurred, on the date stated above, at 12-30 p.m.

The CAUSE OF DEATH* was as follows:

Influenza + Bronchopneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Cardiac Contributed

(duration) yrs. mos. 3 da.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harwood Kalen, M. D.

1/5 1929 (Address) 3027 Wharf St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	1929

20 UNDERTAKER	ADDRESS
John F Wright Sons	1318 Light St

very important. See instructions on back of certificates. STATE STATEMENT OF OCCUPATION IS

Cor.—12-9-25—A Co.—200 Bks.

Charles Armstrong

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41132

CERTIFICATE OF DEATH.

11-001

E 41132

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 611 Prescott Ave St. 27-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Armstrong

(a) RESIDENCE NO. 611 Prescott Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
35 34				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) Minister
(c) Name of employer

9 BIRTHPLACE (city or town) West Field Inda
(State or country)

PARENTS

10 NAME OF FATHER Ed Armstrong

11 BIRTHPLACE OF FATHER (city or town) Inda
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Roberts

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Indiana

Informant Mrs. Chas. Armstrong
Address 611 Prescott Ave

JAN 6 1929 Filed HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

1/3, 1929 (Address) 672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West field Indiana Date of Burial: Jan. 6, 1929

20 UNDERTAKER: Mrs. P. G. Elliott ADDRESS: 1725 Eutaw Ave

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41133

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Mc Elderry ST. 1-11 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernadina Rose

(a) RESIDENCE NO. 3029 Mc Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Rose

6 DATE OF BIRTH (month, day, and year): Apr 9-1857

7 AGE: Years 71 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: W B Buddemeier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Altrogge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William Keck

(Address) 3029 Mc Elderry St

15 Filed ..... 19 ..... Registrar

JAN 6 1929 H.M. Parsons, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1928 to Jan 3 1929

that I last saw h alive on Jan 2 1929

and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Loos M. D.

1-4 1929 (Address) 415 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Jan 6 1929

20 UNDERTAKER: D. John Ulmet — ADDRESS: 1208 Oakl

Spec.—2-29-28—L. F. S.—500 Bks.

E 41134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41134

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 11-001

CITY OF BALTIMORE: (No. 325 Rossiter Ave. WARD) 27-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ~~Margaret A~~ Mary A. E. Brandt

(a) RESIDENCE NO. 325 Rossiter ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 23-1871

7 AGE — Years: 57 Months: 7 Days: 12 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Rudolph Coldenstrutk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Louise Spickmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Margaret Snyder

(Address) 325 Rossiter Ave

15 Filed JAN 9 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 4, 1929.

That I last saw h[illegible] alive on 11 Dec, 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D A C Braun M. D.

1/5, 1929 (Address) 39 N. Fremont Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: John Ulmt

ADDRESS: 208 Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41135

E 41135

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2227 E Oliver ST. 8-16 WARD)

2—FULL NAME George H Glantz

(a) RESIDENCE NO. 2227 E Oliver ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Glantz

6 DATE OF BIRTH (month, day, and year): Oct 11-1873

7 AGE: 55 Years 54 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Utility Hand

(b) General nature of industry, business, or establishment in which employed (or employer): Balto City.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Christian Glantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Stahlenz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hiram A. Glantz
(Address) 2227 E Oliver St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5-1929.

17 I HEREBY CERTIFY, That I attended deceased from December 24 1928, to Jan 5, 1929, that I last saw him alive on Jan 4, 1929 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .. yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .. yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Fitch, M. D.

Jan 5 1929 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Jan 8 1929

20 UNDERTAKER: John Ulrich — ADDRESS: 208 Orleans

Spec.—2-29-28—L. F. S.—500 Bks.

Negress

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41136

CERTIFICATE OF DEATH

90

E 41136

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kunigunda Neolina

(a) RESIDENCE NO. 710 S. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: 69 Years | — Months | — Days | If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): ? Germany

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: ?

(Address)

Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar.

NO - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 7-28, 1927, to 12-31, 1928 that I last saw h[illegible] alive on 12-31, 1928 and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

over (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

over (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John K. Moran, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: F Wazeczewski

ADDRESS: 1830 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

64137 HEALTH DEPARTMENT—CITY OF BALTIMORE 64137

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST. 10-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Hughes

(a) RESIDENCE No. 1220 Bolton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
M	W	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Doherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hosp Records

15 Filed JAN 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 6, 1929,

that I last saw h alive on Jan 6, 1929,

and that death occurred, on the date stated above, at 1 10 Pm.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulm Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D C Lammerwood, M. D.

, 19 (Address) 1 St Josephs Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Jany 9 1929

20 UNDERTAKER Robt L Turner ADDRESS 1111 Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 41138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 41138

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 5-4 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Kelnick

(a) RESIDENCE NO. 3 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Kelnick

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis (Address) 1432 E Balt.

15 Filed 1929 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 1929 to 6 1929

that I last saw h alive on Jan 6 1929

and that death occurred, on the date stated above, at 4:51 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Chronic Bronchitis & Emphysema

Bronchiectasis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray.

(Signed) B. Goldberg, M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lawn Wash. Road	1-6- 1929

20 UNDERTAKER Jack Lewis, ADDRESS 1432 E Balt.

Spec.—2-29-28—L. F. S.—500 Blks.

41139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 41139

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 W. Lexington ST. 20-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F. Wonder

(a) RESIDENCE NO. 2024 W. Lexington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Wonder

6 DATE OF BIRTH (month, day, and year) April 24, 184[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) 12

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Louis Napoleon Wonder

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant I. Louis Wonder

(Address) 2026 W. Lexington St.

15 Filed NOV 1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928 to Jan 4, 1929

that I last saw him alive on Jan 4, 1929

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

CONTRIBUTORY (Secondary) Valvular Heart (duration) yrs. 5 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Hattie E. Linkeman M. D.

1/5, 1929 (Address) 2002 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 7 19 29

UNDERTAKER Peter B. Cook

ADDRESS 1003 West Baltimore St.

Spec.–7-17-26—A Co.—200 Bks.

E 41140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41140

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3910 Cottage Ave (La. Hos.) Ward 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Frances Lamar.

(a) RESIDENCE NO. 3910 Cottage Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Lamar. (La Har)

6 DATE OF BIRTH (month, day, and year) March 9th 1864

7 AGE Years 64 Months 9 Days 25 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto County (State or country) Md.

PARENTS

10 NAME OF FATHER John C. Armstrong

11 BIRTHPLACE OF FATHER (City or town) Balto Co. (State or country)

12 MAIDEN NAME OF MOTHER Mary Ellen Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Md.

14 Informant Mrs. Louis C. Loveland

(Address) 2533 Shirley Ave.

JAN 8 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 1928 to Jan 4th 1929 that I last saw he alive on Jan 3rd 1929 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows

Cerebral Embolism

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. W. Morgan M.D.

1/4/ 1929 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Texas, Maryland — Date of Burial Jan 7 1929

20 UNDERTAKER Harry Cook — ADDRESS 1003 West Baltimore St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41141

CERTIFICATE OF DEATH

E 41141

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3301 Schenck ST., 26 WARD)

2—FULL NAME Elizabeth Adams

(a) RESIDENCE NO. 3301 Schenck ST. 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 22nd 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jessie P. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth Holden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Jessie P. Adams Father

(Address) 3301 Schenck St.

15 Filed 6-1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- 1929, to Jan 5 1929, that I last saw h.r alive on Jan 5 1929, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia following whooping cough

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) [illegible] M. D.

1-5, 1929 (Address) 3709 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan. 6th 1929

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 400 S Wolfe

Spec.—2-29-28—L. F. S.—500 Bks.

E 41142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 41142

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Hare ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick L. Hess.

(a) RESIDENCE NO. 2 S. Hare ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Hess.

6 DATE OF BIRTH (month, day, and year) Oct. 20th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wilhelm Hess.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schellein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena M. Hess (Wife)

(Address) 2 S. Hare St.

15 Filed 6 1929 C. H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 4, 1929, that I last saw him alive on Jan 4, 1929 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Multiple sclerosis of spinal cord

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) Lewis Wilenger, M. D.

(Address) 305 N. Gaulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 8th 1929

20 UNDERTAKER Lilly & Sons Inc

ADDRESS 1038 Hays St

Spec.—2-29-28—L. F. S.—500 Bks.

Bertha a. Druery

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41143

E 41143

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2430 E Biddle ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha E. Druery

(a) RESIDENCE NO. 2430 E. Biddle ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 39 yrs. 11 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Allo E. Druery

6 DATE OF BIRTH (month, day, and year): Jan 14 1889

7 AGE: Years 39 | Months 11 | Days 20 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

10 NAME OF FATHER: Charles E. Gould.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Ella Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Mary M Gelbrett

(Address) 2326 E. Biddle St.

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Jan 4 1929

that I last saw her alive on Jan 4 1929

and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? uptown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? pending

(Signed) A. Pathologist M. D.

Jan 6 1929 (Address) 520 N Dallas Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	Jan 7 1929
20 UNDERTAKER: John F Cowan & Son.	ADDRESS: 3011 Arthur St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 41144

1-PLACE OF DEATH

City of BALTIMORE: (No. 50 & E Eutaw) St., 24-33 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary E. Williams

(a) Residence No. 50 & E Eutaw St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jno E. Williams

6-DATE OF BIRTH (month, day and year) 11/2 1853

7-AGE.	If LESS than 1 day.
75 yrs. 2 mos. 1 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. James Sauers

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Catherine Inglehart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md.

14-

(Informant) Mrs Jno E Williams

(Address) 50 & E Eutaw St.

15-

Filed ..... 19.. C. HAMPSON JONES, M. D., Registrar.

JAN 5 - 1929

By Allh

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1927 to Jan 3 1929

that I last saw h[illegible] alive on Jan 3, 1929

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney A. Strauss M. D.

1/5, 1929 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cesar Hill Cem	1/7/29 19..
20-UNDERTAKER.	ADDRESS.
J. J. Fahey Sons	1318 Light

Spec.—1-10-21—M&T—1500 Blks.

641145 ✓ 41145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

641145 129

REGISTERED NO. 41145

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Broadway ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ROBERT KINNIER

(a) RESIDENCE NO. 412 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kinnier

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage Owner

(b) General nature of industry, business, or establishment in which employed (or employer) Autos 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Kinnier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER [illegible] Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Isabella Kinnier

(Address) 412 N. Broadway

15 Filed JAN 6 1929 C. HAMBURGER, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN'Y 4 1929

17

I HEREBY CERTIFY, That I attended deceased from APRIL, 1928, to JAN'Y 4, 1929, that I last saw him alive on JAN'Y 3, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Symptoms

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis F. Hamburger, M. D.

Jany, 1929 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 1/7 1929

20 UNDERTAKER Jos Ahern 7214 Belair — ADDRESS

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41146

E 41146

CERTIFICATE OF DEATH.

161-001 L 11147

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Hopkins Hospital St. 1-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Joines

(a) RESIDENCE NO. Belair, Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 4/29

7 AGE: Years · Months · Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER Tyra Joines

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N.C.

12 MAIDEN NAME OF MOTHER Mamie Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): N.C.

14 Informant: Hospital Records

(Address)

15 Filed.....19..... Registrar

DEC 6 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 5/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (Twin)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. E. [illegible], M. D.

(Coroner)

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Center M.E. Harford Co. Date of Burial: Jany 6 1929

20 UNDERTAKER: Lewis & Yates ADDRESS: Belair, Md

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41147 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41147

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 25-12 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rocco Cuneo

(a) RESIDENCE NO. 133 Hudson St Johnstown, Pa ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Aug 15 1868

7 AGE: Years 60 Months 4 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Rocco Cuneo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Mrs Maria Defanzio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Mrs Maria Cuneo

(Address) 133 Hudson St Johnstown Pa

15 Filed JAN 6 - 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6 1929

17

I HEREBY CERTIFY, That I attended deceased from 12-31, 1928, to 1-6, 1929.

that I last saw him alive on 1-6, 1929

and that death occurred, on the date stated above, at 2 35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach 6

(duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-4-29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R & M. Erisman, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Pa DATE OF BURIAL Jan 6 1929

UNDERTAKER: C. A. Shuffstall ADDRESS 150 N Center St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gaddess 351-E 25th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41148 — **CERTIFICATE OF DEATH** — **E 41148**

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 422 E 26th ST. 12-50 (WARD)

2—FULL NAME Sadie E Walsh

(a) RESIDENCE NO. 422 E 26th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 6, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Peterson Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

PARENTS

14 Informant Peterson Walsh

(Address) 422 E 26th St

15 Filed 1-7-1929 19 W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5. 1929

17 I HEREBY CERTIFY, That I attended deceased from 11/2/29 . 19 . to 1/5/29 . 19 .

that I last saw her alive on 1/5/29 . 19

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia .

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Gaddess, M. D.

1/6/29 (Address) 324 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cathedral	1/8 19 29
20 UNDERTAKER W. M. Cook	ADDRESS 2175 E Pratt St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Forsythe 90 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41149

CERTIFICATE OF DEATH

E 41149

1—PLACE OF DEATH

REGISTERED NO. 12-19

CITY OF BALTIMORE: (No. 406 E. 20th ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel L Dowell

(a) RESIDENCE NO. 406 East 20th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Dowell

6 DATE OF BIRTH (month, day, and year) Feb 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Real Estate Work

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Alexandria Va

10 NAME OF FATHER Thomas Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dinaiah Thomson

(Address) 5709 Hamilton Ave

15 JAN 7 - 1929 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1929 to Jany 6, 1929, that I last saw h[illegible] alive on Jany 6, 1929 and that death occurred, on the date stated above, at 1145 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Grip.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

1.6, 1929 (Address) 424 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/8 1929
20 UNDERTAKER H. M. Cook	ADDRESS 1217 E. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Kelly 3705 Falls Rd 129 Sommerset Road

E 41150

CERTIFICATE OF DEATH

REGISTERED NO. **E 41150**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Beech ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan E. Herrmann

(a) RESIDENCE NO. 3402 Beech ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank X

6 DATE OF BIRTH (month, day, and year): April 22 1866

7 AGE — Years: 62 — Months: 8 — Days: 11 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Andrew Higdon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Margaret R. Herrman

(Address) 3402 Beech St

15 Filed 4 1929 [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 3, 1929, that I last saw h[illegible] alive on Jan 3, 1929 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 1/ days

CONTRIBUTORY (Secondary): Pneumonia Regional

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Vernon F Kelly, M. D.

1/5, 1929 Address 60 & Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 1/7 1929

20 UNDERTAKER: Wm Cook — ADDRESS: 627 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Radin, 2306 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

41-062

E 41151

CERTIFICATE OF DEATH

E 41151

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Boone ST., 9-46 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert G. Raiber

(a) RESIDENCE NO. 2007 Boone ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mollie A. Raiber

6 DATE OF BIRTH (month, day, and year): Mar. 26. 1866

7 AGE — Years: 62 — Months: 9 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Druggist

(b) General nature of industry, business, or establishment in which employed (ur employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Joseph Raiber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mollie A. Raiber

(Address): 2007 Boone St

15 Filed Jan 6, 1929 — EMERSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 5, 1929, that I last saw h[illegible] alive on Jan 5, 1929 and that death occurred, on the date stated above, at 1.55 p m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

CONTRIBUTORY (Secondary) (duration) 5 yrs. mos. ds. Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Kaden, M. D.

. 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney

DATE OF BURIAL: 1/8 1929

20 UNDERTAKER: W. M. Cook

ADDRESS: 1215 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41152

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. WARD 25-75)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Harriet L. Shenton

(a) RESIDENCE NO. 3rd St. Nr. Patapsco ST. Brooklyn WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mns. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1875-

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed N 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/29

17

I HEREBY CERTIFY, That I attended deceased from 1/4, 1929, to 1/6, 1929

that I last saw h alive on 1/6, 1929

and that death occurred, on the date stated above, at 7:05 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Schonwalder M. D.

1/6, 1929 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge, Md	1/7, 1929
20 UNDERTAKER	ADDRESS
W. M. Cook	127 St. Paul St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 E 41153

E 41153

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 22 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F Shinnick

(a) RESIDENCE NO. 2708 Overlandan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Shinnick

6 DATE OF BIRTH (month, day, and year): Aug. 26. 1867

7 AGE: Years 61 Months 4 Days 10 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country) Md

PARENTS

10 NAME OF FATHER John H Shinnich

11 BIRTHPLACE OF FATHER (City or town) Balt Md

(State or country)

12 MAIDEN NAME OF MOTHER Rosanna Wilks

13 BIRTHPLACE OF MOTHER (city or town) Balt Md

(State or country)

14 Informant Mrs. Margaret Shinnich

(Address) 2708 Overland Ave

15 Filed JAN 7 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/29 19

17 I HEREBY CERTIFY, That I attended deceased from 12/4/28 19 to 1/6/29 19

that I last saw h/ alive on 1/6/29 19

and that death occurred, on the date stated above, at 7 35 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lower Jaw

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 1 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 1926

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J E Weiland M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial 1/8 1929

20 UNDERTAKER: H M Cook ADDRESS 1217 Eutaw

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41154

CERTIFICATE OF DEATH.

100-001

E 41154
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4076 Wet 26-34 St. Ward)

2-FULL NAME John H. Mathews

(a) RESIDENCE NO. 4076 11th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Matthews

6 DATE OF BIRTH (month, day, and year): Oct 15, 1871

7 AGE — Years: 57 — Months: 2 — Days: 20 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country): Md

PARENTS

10 NAME OF FATHER: William T. Matthews

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Mrs Ellen Matthews
(Address): 4076 11th St

Filed JAN 7 - 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Exhaustion
Duration 2 days

CONTRIBUTORY (Secondary) Duration yrs. mos. ds.

(Duration) yrs. mos. ds.

Signed Geo Glade M. D.

(Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 1 8 1929

20 UNDERTAKER: H. M. Cook — ADDRESS 1217 E Balto

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41155

CERTIFICATE OF DEATH.

74 001 E 41155

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2510 Greenmount Ave ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Kolb

(a) RESIDENCE NO. 2510 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Kolb

6 DATE OF BIRTH (month, day, and year): Nov 16 - 1843

7 AGE: Years 85 Months 1 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: George Rudiger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ruth Farrell (Address) Chesapeake Ave Towson Md

15 Filed 1929 G. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Jan 6 1929, that I last saw h alive on Jan 5 1929, and that death occurred, on the date stated above, at 3:40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Roland E. Harner M. D.

Jan. 1929 (Address) 201 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 1/8 1929

UNDERTAKER: John Burns Sons

ADDRESS: Towson Md.

Spec.—2-29-28—L. F. S.—500 Bka.

E 41156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41156

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Mc Cauley

(a) RESIDENCE NO. 618 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 83 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: ? - Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: ? - Fork

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

BALTIMORE CITY HOSPITALS

15 Filed JAN 7 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-6-29

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1924, to 1-5, 1929,

that I last saw her alive on 1-5, 1929

and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, Bilateral

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis, Hypertension

Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

19 [illegible] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 9 1929
20 UNDERTAKER	ADDRESS
Robert Brookerson	Calhoun & Fulton

Spec.—2-29-28—L. F. S.—500 Bks.

E 41157 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21 ✓

E 41157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Provident Hospt.

CITY OF BALTIMORE: (No. Division ST. 14-16 (WARD)

2—FULL NAME Avon Wiggins

(a) RESIDENCE NO. 510 n Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, 1928

7 AGE — Years: t | Months: 6 | Days: 24 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City Md.

10 NAME OF FATHER: Bennett Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C.

12 MAIDEN NAME OF MOTHER: Sallie Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C.

14 Informant: Bennett Wiggins

(Address) 510 n Carey St

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Jan 6, 1929, that I last saw h. l. alive on Jan 6, 1929 and that death occurred, on the date stated above, at 1245 m.

The CAUSE OF DEATH* was as follows:

Septicemia

CONTRIBUTORY (Secondary) Erysipelas (duration) yrs. mos. 13 ds.

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood Culture.

(Signed) B F Lewis, M. D.

1-6, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 1-7 1929

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41158

CERTIFICATE OF DEATH.

E 41158

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 16-22 ST., WARD

2-FULL NAME James Smedley

(a) RESIDENCE NO. 1112 N. Monroe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smedley

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Smedley

(Address) 1112 N. Monroe St

15 Filed JAN 7 - 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 5 - 1929

17

I HEREBY CERTIFY, That I attended deceased from 1 - 3, 1929, to 1 - 5, 1929, that I last saw him alive on 1 - 5, 1929, and that death occurred, on the date stated above, at 9 40 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from pyloric ulcer, or cancer of pylorus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X ray

(Signed) C. W. Peake M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	1-7 1929

20 UNDERTAKER Daniel Easton ADDRESS 916 Ca ave

Cor.—10-10-29—A Co.—100 Bks.

E 41159

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH

E 41159

1-PLACE OF DEATH

City of Baltimore: (No. 217 Myrtle Ave St. 4-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wilkins

(a) RESIDENCE NO. 217 Myrtle Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 28 - 1908

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	20	10	4 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER James Wilkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Betta Layne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Mrs. Bertha Evans
(Address) 217 Myrtle Ave

15 Filed JAN 7 - 1929

EDWARD JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Tillro M. D.

1/5 1929 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-7 1929
20 UNDERTAKER Daniel Eaton	ADDRESS 916 Pa ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41160

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Asquith 944 ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Richard

(a) RESIDENCE NO. 944 Asquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellie Richard

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: 43 / 42 — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Joseph Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ella Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: James Richard

(Address) 1611 Orleans st

15 Filed ..., 19.. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928 to Jan 5, 1929.

that I last saw h. alive on Jan 5, 1929

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Vascular Renal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. S. Clark No, M. D.

1-6. 1929 (Address) 508 Lemmon st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41161
1-PLACE OF DEATH

x 49

E 41161
REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. #-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. Bailliere

(a) RESIDENCE NO. Ellicott City, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelenia M. Bailliere

6 DATE OF BIRTH (month, day, and year): [illegible] 27 1859

7 AGE — Years: 69 Months: 4 Days: 10

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): N. J.

PARENTS

10 NAME OF FATHER: H. C. Bailliere

11 BIRTHPLACE OF FATHER (City or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Mary Todd Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Louisiana

14 Informant: Laurence Bailliere

(Address): Ellicott City Md.

15 Filed 7 - 1929 C. HARRISON JONES, M. D., Registrar

Per RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/6/29 19

17 I HEREBY CERTIFY, That I attended deceased from 12/31/28 19 ..... to 1/6/29 ..... 19 .....

that I last saw h[illegible] alive on 1/6/29 ..... 19 .....

and that death occurred, on the date stated above, at 1.47 PM m.

The CAUSE OF DEATH* was as follows:

Hypernephroma & Metastases to Lungs (duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) ..... yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes What test confirmed diagnosis? Autopsy

(Signed) J. E. Whitehead M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount W. J. Date of Burial: Jan 8 19 29

20 UNDERTAKER: Easton Sons ADDRESS Ellicott City

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-09

E 41162

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. (St.) 425-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Fanning

(a) RESIDENCE (NO.) Colgate Ave-7th St. Brooklyn (St.) , WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

7 DATE OF BIRTH (month, day, and year): 1879/3/1

8 AGE: Years 49 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer. 30

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Md.

11 NAME OF FATHER: Martin J. Fanning

12 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

13 MAIDEN NAME OF MOTHER: Mortimore.

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

15 Informant: Hospital Records

(Address)

16 Filed: 1926 RAYMOND JONES, M. D. Registrar

NT - 1578

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/6/29

17 I HEREBY CERTIFY, That I attended deceased from 1/5, 1929, to 1/6, 1929, that I last saw him alive on 1/6, 1929, and that death occurred, on the date stated above, at 11:55 A m.

The CAUSE OF DEATH* was as follows:

Influenza.

CONTRIBUTORY (Secondary): Lobar Pneumonia (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Unknown (duration) yrs. mos. 3 ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Eston Walsh, M. D.

1/6, 1929 (Address) So. Balto. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tracy Cremated.

DATE OF BURIAL: 1/9, 1929

20 UNDERTAKER: P. J. Tabor & Son

ADDRESS: 1318 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

Dull

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41163 E 41163

CERTIFICATE OF DEATH.

12-50 40

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3000 Abell Ave, St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William N. Duke

(a) Residence No. 3000 Abell Ave, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Duke

6-DATE OF BIRTH (month, day and year) 1875

7-AGE	If LESS than 1 day,
54 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stage Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Ob

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Casker Duke

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER, Bridget Joyce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland.

14- (Informant) Mrs Eliz Duke.

(Address) 3000 Abell Ave

15- JAN 7 - 1929 HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 5, 1929

17- I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1928, to Jan 5, 1929, that I last saw him alive on Jan 5th, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) Eugene Hespeld., M. D.

, 19 (Address) 206 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Catherines	1/8/29, 19

20-UNDERTAKER,	ADDRESS
E. J. Tabeling Sons	1318 Light St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41164

11-001

CERTIFICATE OF DEATH.

E 41164

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5605 Wayne Ave (St.) 28-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Stuck

(a) RESIDENCE NO. 5605 Wayne Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: William H. Stuck

6 DATE OF BIRTH (month, day, and year): Feb. 18-1886

7 AGE — Years: 42 — Months: 10 — Days: 17 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Kluetch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Wm H. Stuck 5605 Wayne ave.

15 Filed 1929 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928, to Jan 4, 1929

that I last saw h alive on Jan 4, 1929

and that death occurred, on the date stated above, at 7-55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Typical Examination

What test confirmed diagnosis?

(Signed) Paul Brown, M. D.

1/4, 1929 (Address) 1837 Etna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Wm. C. Black ADDRESS: 927 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

Mary Ursula Wurz.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41165

CERTIFICATE OF DEATH.

74-002

74 E 41165

REGISTERED NO.

1-PLACE OF DEATH: Mt Hope Retreat

CITY OF BALTIMORE: (NO.) 4 ST. 10-14 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Mary Ursula Wurz

(a) RESIDENCE NO. Mt Hope Retreat ST. Notre Dame Convent Ashmead St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs 9 mos 25 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept. 26, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	53	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baden Germany

PARENTS

10 NAME OF FATHER: Louis Wurz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baden Germany

12 MAIDEN NAME OF MOTHER: Magdalen Ruffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baden Germany

14 Informant (Address): Mt Hope Nuns Mt Hope Retreat

15 Filed JAN 7 1929 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1923, to Jan 6, 1929, that I last saw her alive on Jan 5, 1929, and that death occurred, on the date stated above, at 6.55 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Dementia

(duration) 4 yrs — mos — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Milton P. Fell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md.

DATE OF BURIAL: Jan 8 1929

20 UNDERTAKER: Frank A. Fink

ADDRESS: 915 McGay

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41166

101-001

E 41166

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 15-21 WARD)

2—FULL NAME Samuel Butler

(a) RESIDENCE NO. 1630 N Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Separated

..a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Aug 4-1890

7 AGE: Years 39 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edward Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant [redacted] Address BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-29

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1928, to 1-5, 1929, that I last saw him alive on 1-5, 1929 and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

1 Tbc Osteo myelitis of Left Leg (duration) Unknown yrs. mos. ds.

2 Lobar Pneumonia CONTRIBUTORY (Secondary) (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran, M. D.

1-6 29 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 8 1929

20 UNDERTAKER Wm H. Chase & Son — ADDRESS 1400 Mad

Spec.—2-29-28—L. F. S.—500 Bks.

E 41167 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 129 **E 41167**

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Mosher ST. 16-23 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Randolph Miller

(a) RESIDENCE NO. 1315 Mosher ST., WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widower

6 If married, widowed, or divorced — HUSBAND of (or ~~WIFE~~ of) Nellie Miller

6 DATE OF BIRTH (month, day, and year) Autumn

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Silas Edwards

(Address) 1315 Mosher

15 Filed 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Jan 5, 1929, that I last saw him alive on Jan 5, 1929, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Intracardiac Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Richmond Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. Cader Kyle, M. D.

19 (Address) 1315 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Sam'l Cross Son ADDRESS 1400 Mosher

Cor.—12-9-25—A Co.—200 Bks.

E 41168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 41168

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 103 S. Calhoun St. 14-29 Ward

2-FULL NAME Charles T. Greene

(a) RESIDENCE NO. 103 S. Calhoun St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1866

7 AGE — Years: 62 — Months: 7 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER John Greene

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Florence Hunton

(Address) 103 S Calhoun St

15 Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Clarence Brooks M. D.

(Coroner) J. W. Bruns

1/7, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: 1/7 1929

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins

Cut very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 E 41169

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hosp St. 70-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E. Fisher

(a) RESIDENCE NO. 154 S. Hilton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Howard E Fisher Jr

6 DATE OF BIRTH (month, day, and year) Aug 30th 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	4	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER John T Hessham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Coale

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Howard E Fisher

(Address) 154 S Hilton St

15 Filed 1[illegible] 19[illegible] HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16- 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Bichloride of Mercury

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas W Brooks M. D.

(Coroner) S. W Side

1/7, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 1/8 1929

20 UNDERTAKER Roland Brooks & Son ADDRESS Baltimore Hollins St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

E 41170 1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST. 21-54 WARD)

REGISTERED NO. E 41170

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dora Woodman

(a) RESIDENCE NO. Belvedere & Greenspring ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Isaiah

(Address): 1803 Upton ave

JAN 7 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6th 29

17 I HEREBY CERTIFY, That I attended deceased from October, 1928, to Jan 6, 1929, that I last saw h alive on Jan 6, 1929, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sygmoid with Metastasis

(duration) about 10 months yrs. mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

1/6, 1929 (Signed) Herman Brinder, M. D.

(Address) 2404 Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cem

DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 41171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65 E 41171

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 64 ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Weistadt

(a) RESIDENCE No. 8 N. Chester ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Weistadt

6 DATE OF BIRTH (month, day, and year) Nov. 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	43	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Baer Epstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Libel Parnoty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital

(Address)

15 Filed JAN 7 1929 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1928 to Jan. 6, 1929

that I last saw h[illegible] alive on Jan. 5, 1929

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

[redacted] Lymphatic Leukemia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

Diabetes Mellitus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Sandler, M. D.

1/6, 1929 (Address) West Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Workmen's Circle Cem. DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41172

E 41172

CERTIFICATE OF DEATH.

101-009

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) ST. 27-56 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Greenblatt

(a) RESIDENCE No. 5106 Litchfield ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Greenblatt

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE Years 61 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Kotzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Kato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed JAN 7 1929 H. MAURICE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 6, 1929.

that I last saw her alive on Jan 6, 1929,

and that death occurred, on the date stated above, at 8:25 A m.

The CAUSE OF DEATH* was as follows:

Gangrene of extremities with
hypertension
chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia, Bilateral

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. Levy Greenblatt M. D.

1/4, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Wash Road — DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 41173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41173

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Fanne Goldman

(a) RESIDENCE NO. 1626 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Goldman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housefrau

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltd St

15 Filed JAN 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug. 17th, 1928, to 1-7, 1929.

that I last saw her alive on 1-7, 1929.

and that death occurred, on the date stated above, at 1.55 @ m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 7+ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8 7 2 8

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory.

(Signed) P. W. Ericson, M. D.

Jan. 7 1929 (Address) 1 E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Assn

DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltd St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41174

91-002

CERTIFICATE OF DEATH

E 41174

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1503 Riverside Ave ST. 24-37 WARD)

2—FULL NAME George W. Schuman

(a) RESIDENCE NO. 1503 Riverside Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 20 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Schuman

6 DATE OF BIRTH (month, day, and year) Nov. 15 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER George A. Schuman

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Frank Schuman

(Address) 1503 Riverside Ave

Filed JAN 7 1929 WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 5, 1929, that I last saw h alive on Jan 5, 1929 and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs.

(Signed) Sidney W. Street, M. D.

1/6, 19 29 (Address) 1306 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery Cedar Hill	1/8 1929
20 UNDERTAKER	ADDRESS
I. Few McCully	1306 E. Fort

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41175

129 E 41175

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. ST. (or WARD) 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. B. Shaffer

(a) RESIDENCE NO. 1043 Riverside Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Shaffer

6 DATE OF BIRTH (month, day, and year) 12/25/1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	59	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pattern maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Wm Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilda Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records

(Address)

15 Filed JAN 7 1929 Hampson Johns M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/29

17 I HEREBY CERTIFY, That I attended deceased from 1/2, 1929, to 1/4, 1929

that I last saw him alive on 1/4, 1929

and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 days.

CONTRIBUTORY (Secondary) Cardio - vascular disease (duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Edmond Wasdell M. D.

1/4, 1929 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 7 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 41176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-602

E 41176

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 126 West Ostend ST. 23-31 (WARD)

2-FULL NAME Isaac Holborow Robertson.

(a) RESIDENCE NO. 126 West Ostend ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie L H Robertson

6 DATE OF BIRTH (month, day, and year) April 27-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Tea-coffee Merchant

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Malmsburg England

PARENTS

10 NAME OF FATHER Thomas W Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Judith Holborow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Annie L H Robertson (Address) 126 W Ostend St

Filed JAN 7 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4- 1929

17 I HEREBY CERTIFY, That I attended deceased from (?) 1925, to January 4 1929, that I last saw him alive on Jan 2nd 1929 and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Renal

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia -

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C E Buxton, M. D.

1/4, 1929 (Address) 307 East Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	1/8 1929

20 UNDERTAKER John F Denny

ADDRESS 915 Eagle St

THIS IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41177 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41177

CERTIFICATE OF DEATH. Brooklyn

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 526 Patapsco Ave (WARD) 25-75

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur J Feathers

(a) RESIDENCE No. 526 Patapsco Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced: (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Feathers

6 DATE OF BIRTH (month, day, and year): July 11 1874

7 AGE: Years 54 Months 9 Days 20 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

016

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George W Feathers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montgomery Co Md

12 MAIDEN NAME OF MOTHER: Sarah Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Elizabeth Feathers

(Address) 526 Patapsco Ave

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/2 1929 to 1/5 1929, that I last saw h[illegible] alive on 1/4 1929 and that death occurred, on the date stated above, at 7 50 m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) — yrs 10 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) 1340 E Chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Jan 5 1929

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Lighth

Spec.—1-10-21—M&T—1500 Bks.

E 41178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41178

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 E Oliver St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincenzo Paul

(a) RESIDENCE No. 2503 E Oliver St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6 DATE OF BIRTH (month, day, and year) July 1-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	6	4	
	79 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of Industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Centonio Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Coppersmith (Address) 2503 E Oliver

15 Filed JAN 7 1929 19 C. HAMILTON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5- 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1928 to Jan 5- 1929.

that I last saw h— alive on Jan. 4- 1929,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Syphilis

(Contributory) Senile

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral softening

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical Odonnell

(Signed) A Paul M. D.

1-5-, 1929 (Address) 1300 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan. 8 1929

20 UNDERTAKER Degnan - L. Ruth

ADDRESS 1735 Harford Ave.

Spec.—1-12-23—M&T—500 Blks.

E 41179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 41179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1206 Federal ST. 9-18 WARD)

2-FULL NAME Robert Hulse

(a) RESIDENCE No. 1206 Federal ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Hulse

6 DATE OF BIRTH (month, day, and year) Dec 23-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Cook, Crum & Seal

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Saml Hulse

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Eliz. Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Anna M. Hulse

(Address) 1206 Federal St

15 Filed JAN 7 1929 19 H. VAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1929

17 I HEREBY CERTIFY, That I attended, deceased from Dec 28 1928 to Dec 5 1928

that I last saw h alive on Dec 4 1928

and that death occurred, on the date stated above, at 12 05 A m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1206 E Federal

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Faulon M. D.

1/6 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 7 19 29

20 UNDERTAKER Geo. M. Fink & Son — ADDRESS 811 N Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41180

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113

E 41180

REGISTERED NO.

City of BALTIMORE: (No. 716 School St. 4-20 Ward)

2-FULL NAME Agnes Hunt

(a) RESIDENCE NO. 716 School St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): July 25-1928

7 AGE: Years — Months 5 — Days 10 — IF LESS than 1 day.....hrs. or.....min. — 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Frank Hunt

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER: Harriett Griffin

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country) Md

14 Informant: Harriet Hunt

(Address): 716 School St

Filed: JAN 7 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(SIGNED) T. B. Luck, M. D.

(Coroner)

Jan 4th 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery — Date of Burial: Jan 4 1929

20 UNDERTAKER: Thomas E. Jelson — ADDRESS: 1303 Druidman St

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 41181

CERTIFICATE OF DEATH

REGISTERED NO. **E 41181**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Grantley ST. 16-70 (WARD)

2—FULL NAME James. P. Colbase

(a) RESIDENCE NO. 611 Grantley r ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 11 188

7 AGE — Years: 45 — Months: 4 — Days: 24 — If LESS than 1 day, hrs. or min.: 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lillie M. Trochlich (Address) 611 Grantley St. M. D.

15 Filed Jan 7 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 4, 1929, that I last saw h[illegible] alive on Jan 4, 1929, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Edw. Wisong, M. D.

, 19 (Address) 4030 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 7 1929
20 UNDERTAKER: Jos Joerdens & Son	ADDRESS: 207 S. Ken

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41182 E 41182

CERTIFICATE OF DEATH.

11-001

1538

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2740 Hugo Ave ST., WARD

2-FULL NAME Mrs Maggie Lee Kable

(a) RESIDENCE NO. 2740 Hugo Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dr William H. Kable

6 DATE OF BIRTH (month, day, and year) Nov 2, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (37)

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Garden Virginia

PARENTS

10 NAME OF FATHER John E. Massey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret M. Kable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Dr William H. Kable

(Address) 2740 Hugo Ave

15 Filed JAN 7 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from December 31, 1928, to January 4, 1929; that I last saw her alive on January 4, 1929; and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert E. Rumberg, M. D.

1/6, 1929 (Address) 2125 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Jos Joerales & Son

ADDRESS: 217 S Paca

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41183
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 41183

CITY OF BALTIMORE: (No. 1426 W. Lafayette Ave. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Magdalene Flowers.

(a) RESIDENCE NO. 1426 W. Lafayette Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1 - 1929

7 AGE — Years — Months — Days 5 — If LESS than 1 day, hrs. or min. 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland -

PARENTS.

10 NAME OF FATHER: Frederick W. Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Frederick W. Flowers
(Address) 1421 W. Lafayette Ave

15 Filed JAN 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5 1929.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3 , 1929. to Jan. 5 , 1929.

that I last saw her alive on Jan. 4 , 1929,

and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows:

Primary Bronchio-Pneumonia.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. N. Pizzi, M. D.

(Address) 1536 W. Fenwale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL Jan 7 1929

UNDERTAKER: Virginia A Brooks — ADDRESS 1463 N. Carey

Spec.—2-29-28—L. F. S.—500 Bks.

E 41184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90E 41184

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 12-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M Grant

(a) RESIDENCE NO. 617 So Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Grant

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER Lewis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jamie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records

(Address) BALTIMORE CITY HOSPITALS

Filed 1-7-1929 19 HAMILTON L. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 . 1928 . to Jan 5 . 1929 .

that I last saw her alive on Jan 5 . 1929

and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia, Rt

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

Chr. Myocarditis (duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Irene E. Bloom, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 1/8 1929

20 UNDERTAKER Philip Herwig

ADDRESS 206 Orleans St.

Spec.—2-29-28—L. F. S.—500 Bks.

(Leopold Gehringer) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41185

CERTIFICATE OF DEATH

E 41185

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 76-37 100-001

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leopold Gehringer

(a) RESIDENCE NO. 502 Oldham ST. 502 Oldham St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. [redacted] ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gehringer

6 DATE OF BIRTH (month, day, and year) July 7/64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Metal Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Leopold Gehringer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christie?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant BALTIMORE CITY HOSPITALS

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-29

17 I HEREBY CERTIFY, That I attended deceased from 12-11, 1928, to 1-4, 1929, that I last saw h[illegible] alive on 1-4, 1929 and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of Prostate

Surgery (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Post Mortem

(Signed) John E Moran, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 1/7 1929

20 UNDERTAKER P. Phillip Herring

ADDRESS 300 Orleans

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41186

CERTIFICATE OF DEATH

74-001

74 E 41186

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Branch Ave. ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Lorenz.

(a) RESIDENCE NO. 1705 Branch Ave. ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 74 yrs. — mos. — How long in U. S., if foreign birth? 74 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced (or) WIFE of Philip J. Lorenz.

6 DATE OF BIRTH (month, day, and year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abouts.	80	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Mr. Trust

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mr Aloysius Lorenz

(Address) 1705 Branch Ave

Filed JAN 7 1929 Jan 6 1929 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 5, 1929

that I last saw her alive on Jan 5, 1929

and that death occurred, on the date stated above, at 10:40 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duratino) 7 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Emily S Krueger, M. D.

1/10, 19 (Address) 9700 Harford Rd

*State the Disease Caosing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan. 9 1929

20 UNDERTAKER Kenny Hoeck Sun — ADDRESS 1301 E Eager St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41187 ✓ 46 E 41187

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital 10-14 St. M. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Rosemer

(a) RESIDENCE NO. 1011 Asquith St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S. if of foreign birth? 47 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Rosemer

6 DATE OF BIRTH (month, day, and year) May 16 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	65	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John D. Milleen

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant M. August Milleen

(Address) 1834 Harford Ave

15 Filed ..... 19 ..... C. P. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/29 19

17 I HEREBY CERTIFY, That I attended deceased from 11/28/28 19 to 1/6/29 19

that I last saw her alive on 1/6/29 19

and that death occurred, on the date stated above, at 5-35 a m. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yr 2 mos da.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 3 mos da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/30/28 Hysterectomy

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) J. L. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Jan. 9 1929

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41188

CERTIFICATE OF DEATH

74-001

E 41188

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2427 Lakeview ave ST. 3-59 (WARD)

2—FULL NAME Dena Freedenberg

(a) RESIDENCE NO. 2427 Lakeview ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Freedberg

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Nathan Grossman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible] Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Philip Freedenberg

(Address) 2427 Lakeview ave

15 Filed [illegible] 1929 C. U. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6/29

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 1928, to Jan 5, 1929, that I last saw h[illegible] alive on Jan 5, 1929 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(acute) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Rehrer Mehlinger Co	Jan 7 29
21 UNDERTAKER	ADDRESS
Jack Laws	1439 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

DAVIS

E 41189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 41189

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Dallam St. 46-26 WARD)

2-FULL NAME Wm. H. Davis

(a) RESIDENCE No. 119 Dallam ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C. [illegible]	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Theresa Davis

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Davis

(Address) 119 Dallam St.

15 Filed JAN 7 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1928, to Jan. 3, 1929, that I last saw him alive on January 2, 1929 and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pituitary Body

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hamilton Agnew, M. D.

, 19 (Address) 1026 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/7/1929

20 UNDERTAKER Mrs. Geo. A. Holland

ADDRESS 1605 Druid Hill

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41190

CERTIFICATE OF DEATH.

11,002

E 41190
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2402 Montebello Ave ST. 9-46 (WARD)

2-FULL NAME Frank Joseph Wiedefeld Jr.

(a) RESIDENCE NO. 2402 Montebello 1st ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? 34 yrs. 1 mos. 6 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Helen Kearney Wiedefeld

6 DATE OF BIRTH (month, day, and year) Nov-30-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	34	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) Funeral Director

(c) Name of employer Steward Monnet Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank J Wiedefeld

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Lannon

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Mrs Helen K Wiedefeld (wife)
(Address) 2402 Montebello Ave

15 Filed. NOV 7 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 19 29 to Jan 5 19 29 that I last saw h[illegible] alive on Jan 5 19 29 and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Insuffi

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stanley McCabe, M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL June 8 19 29

20 UNDERTAKER Steward Monnet Co — ADDRESS Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41191

CERTIFICATE OF DEATH.

E 41191

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital 1926 Ward)

2-FULL NAME Chas L. Hill

(a) RESIDENCE NO. 222 N. Casey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67		—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Hospital

(Address)

Filed JAN 7 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, au- ..... (Inquest, autopsy or inquiry) ..find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. W. Brooke M. D.

(Coroner) Cor. Dist. A

1/5, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — Date of Burial 1/7/1929

20 UNDERTAKER Richard W. Meyer — ADDRESS 1620 Ashburton St

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. P. S.—500 Blks.

E 41192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 ✓

E 41192

1—PLACE OF DEATH

REGISTERED NO. 945

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2803 Montebella Terrace St., WARD)

2—FULL NAME Jennie F. Schaub

(a) RESIDENCE NO. 2803 Montebella Terrace St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Schaub.

6 DATE OF BIRTH (month, day, and year) Sept. 18-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Conrad Knapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Patzl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edw. Schaub.

(Address) 2803 Montebella Terrace

15 Filed 1929 Wm. Jones M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5-1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Jan 5, 1929, that I last saw h alive on Jan 5, 1929 and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza Pulmonary T.B.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Nevins, M. D.

Jan 6, 1929 (Address) 4152 Roslyn Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 8 1929

20 UNDERTAKER: George W. Zurhler — ADDRESS: 1737 E Eager st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41193

91-002

E 41193

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE, (No. 607 S Luzerne St. 1-3 Ward)

2-FULL NAME Henry C Hubbard

(a) RESIDENCE NO. 607 S Luzerne St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna M. Hubbard

6 DATE OF BIRTH (month, day, and year) Aug. 2-1847

7 AGE	Years	Months	Days 24,	IF LESS than 1 day.....hrs. or.....min.
	81	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER George Hubbard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Somerset Co, Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Anna M. Hubbard

(Address) 607 S. Luzerne St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 mos. ds.

CONTRIBUTORY (Secondary) (Duration) mos. ds.

Jan 7 1929 Signed G C Slade Coroner. M. D.

(Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachmans Cemetery Date of Burial Jan 9 1929

20 UNDERTAKER George W Zirkin ADDRESS 1737 E Eager St

Very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41194

CERTIFICATE OF DEATH

100-E 41194

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 639 W. Lexington St. 4-25 Ward)

2-FULL NAME Agnesa Campitrell

(a) RESIDENCE NO. 639 W. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12-1928

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Campitrell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Sarchiapone

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy.

14 Informant Joseph Campitrell
(Address) 639 W. Lexington St

Filed JAN 7 1929 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers M. D.

1/6. 1929. (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Jan 1929
20 UNDERTAKER Wm Conston	ADDRESS 2035 Eden St

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41195

CERTIFICATE OF DEATH.

1882-103

E 41195

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospitals (St.) (Ward) 37

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Ely

(a) RESIDENCE NO. 3292 Pen Lucas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widower

6 DATE OF BIRTH (Month, day, and year) unknown

7 AGE Years 58 Months Days IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Joseph Ely

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Elmira Ely

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mrs Jennie Taylor

(Address) 329 S Newkirk St.

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Acc.

Multiple Fractures

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. 1 ds.

Jan 9 (Signed) H E Blake M. D.

1929 (Address) 1438 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial Jan 7 1929

20 UNDERTAKER Robt J Turner Jr ADDRESS N. Y. Ave

Very important. See instructions on back of certificate.

JAN 7 1929

Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 41196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 41196

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2328 Bryant St) (Ward) 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Kaplan

(a) RESIDENCE No. 2328 Bryant St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Kaplan

6 DATE OF BIRTH (month, day and year): 1876

7 AGE: Years 52 Months — Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Meyer Friedlander

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Zetta —

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant (Address): Jos. Kaplan 2328 Bryant St

15 Filed 7 1929, 19 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Jan 6 /29 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — Date of Burial 1/7 1929

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1127 E Baltimore St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Compton (St.) 24-33 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John William Hill

(a) RESIDENCE No. 1036 Compton St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Bell Hill

6 DATE OF BIRTH (month, day, and year) Jan 1- 1868

7 AGE Years	Months	Days	If less than 1 day, hrs. or min.
61	no	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary E Dade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Lucy Bell Hill
(Address) 1036 Compton

15 Filed 1/5, 1929 C. Addison Jones M. D. Registrar.

JAN 7 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 5- 1929.

that I last saw him alive on Jan 4 1929

and that death occurred, on the date stated above, at 10:35 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. Belton, M. D.

(Address) 201 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 8th 1929

20 UNDERTAKER Geo G. Crook ADDRESS 1123 Patt Pk Ave

Cor.—12-9-25—A Co.—200 Bks.

E 41198

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

CERTIFICATE OF DEATH.

E 41198

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 S Curley St. 1-K Ward)

2-FULL NAME Daniel Kokosinski

(a) RESIDENCE NO. 612 S Curley St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) DEC. 8 1928

7 AGE Years ___ Months ___ Days 29 IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ___
(b) General nature of industry, business, or establishment in which employed (or employer) NONE
(c) Name of employer

9 BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

PARENTS

10 NAME OF FATHER JOSEPH KOKOSINSKI

11 BIRTHPLACE OF FATHER (city or town) ___
(State or country) POLAND

12 MAIDEN NAME OF MOTHER STEFANIA KOSI

13 BIRTHPLACE OF MOTHER (city or town) ___
(State or country) POLAND

14 Informant STEFANIA KOKOSINSKI
(Address) 612 S CURLEY ST.

15 Filed ___ 19__ C. HAMILTON JONES, M. D.
Registrar

JAN 7 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY Exhaustion
(Secondary)

(duration) ___ yrs. ___ mos. 1 ds.

(Signed) H C Yates M. D.
(Coroner)

(Address) 1431 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Date of Burial Jan 7 1929

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester Ave

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41199

CERTIFICATE OF DEATH

1-001

E 41199

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S Ellwood Ave ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles F Kellean

(a) RESIDENCE NO. 506 S Ellwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kellean

6 DATE OF BIRTH (month, day, and year): Oct. 7 1883

7 AGE: Years 45 44 | Months 2 | Days 4. | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer At Joselyn

(b) General nature of industry, business, or establishment in which employed (or employer): Candy Co. 30

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Kellean

(Address) 506 S Ellwood Ave

15. Filed JAN 7 1929 Harry JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 19 29, to 1/4, 19 29, that I last saw h[illegible] alive on 1/4, 19 29 and that death occurred, on the date stated above, at 12 50 a.m.

The CAUSE OF DEATH* was as follows:

Influenza & Broncho - Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arthritis & Heart Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Harry A Knowdyl, M. D.

, 19 (Address) 1623 E. Dutch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loch Lawn Jan 8

DATE OF BURIAL: 1929

20 UNDERTAKER: John M Weber

ADDRESS: York Chester

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41200

11-001

CERTIFICATE OF DEATH.

E 41200

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1421 N. Rose St St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Redman Kucik

(a) RESIDENCE NO. 1421 N. Rose St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Pete Kucik

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER An ie Popovich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Father

(Address) 1421 N. Rose St

15 Filed JAN 7 1929 16 C. HAGEN JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia following Influenza

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Ball M. D.

(Coroner)

1/6/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem 7 Date of Burial 1929

20 UNDERTAKER Chas C. Miller ADDRESS 2435 E. Oliver

Very Important. See Instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41201

160 L

CERTIFICATE OF DEATH

E 41201

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1554 Clifton av St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamilton D. East Jr.

(a) RESIDENCE NO. 1554 Clifton av. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany. 5 1929

7 AGE Years Months Days IF LESS than 1 day 1 hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Hamilton D. East

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Lewis

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs Clara East (Address) 1554 Clifton av.

15 Filed 7 1929 C. HAMPSON JONES M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 5, 1929, to Jany 5, 1929, that I last saw h alive on Jany 5, 1929, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal & Cerebral atrophy, due to degenerative changes in placenta

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No proper bacteriology

(Signed) E. Smith M. D.

Jany 6 1929 (Address) 1545 N. Mott ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Near Cathedral Date of Burial Jan. 7 1929

20 UNDERTAKER Wm J Tickner & Sons ADDRESS N. Y & Pa.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41202 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-002 **E 41202**

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 S. Carolina ST. 34 (WARD)) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Kana Shvat

(a) RESIDENCE NO. 31 S. Carolina ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Shvat

6 DATE OF BIRTH (month, day, and year): not known

7 AGE — Years: 66 | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Samuel Bloss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Molly-

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levy

(Address): 1439 Eastern Ave

15 Filed JAN 7 1929 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 7, 1929

that I last saw h[illegible] alive on Jan 7, 1929

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mns. 14 ds.

CONTRIBUTORY (Secondary): Heart Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? none

(Signed) Richard Erlanger M. D.

, 19 (Address) 1514 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Jan 7 1929

20 UNDERTAKER: Jack Levy 1439 Eastern Ave — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41203

E 41203

CERTIFICATE OF DEATH.

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 W Fanwale ST. 17-24 WARD)

2-FULL NAME Mary Ann Collett

(a) RESIDENCE No. 1645 W Fanwale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or [redacted] of (or) WIFE of Wm A. Collett

6 DATE OF BIRTH (month, day, and year) Jan 10, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER David Stamm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Barbara Fershner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Annie M Hagen (Address) 1645 W. Fanwale St

15 Filed 7-1929 C. HARRISON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929, 19 , to Jan 5 1929, 19 ,

that I last saw her alive on Jan 5 1929, 19 , 1.20 P.M.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(Hypostatic Congestion

Lungs

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cortic A Sclerosis 6

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 8 1929

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

...—2-29-2...—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41204

100-001

CERTIFICATE OF DEATH

E 41204

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 721, E. Fort Ave. ST. 24-34 WARD)

2—FULL NAME Jessie A. Lesser

(a) RESIDENCE NO. 721 E. Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Daughter

6 DATE OF BIRTH (month, day, and year): March 22, 1927

7 AGE: 1 Years 9 Months 14 Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: August Lesser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Hilard Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Hilard Lesser

(Address) 721 E. Fort Ave.

15 Filed ... 1929 ... Registrar

... M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 6, 1929.

that I last saw h[illegible] alive on Jan 6, 1929

and that death occurred, on the date stated above, at 6 33 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia.

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) Wm. H. Seabury, M. D.

1. 7. 1929 (Address) 636. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauchen Lauk

DATE OF BURIAL: Jan 8 1929

20 UNDERTAKER: Chas. L. Stearns

ADDRESS: 1[illegible] E Fort Ave

Spec.—1-12-23—M&T—500 Bks.

E 41205 ALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44E 41205

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N Schroeder St. 18-7 WARD)

2-FULL NAME Hattie Gilbert

(a) RESIDENCE No. 321 N Schroeder ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Gilbert

6 DATE OF BIRTH (month, day, and year) June 19 1868.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	60	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph P. Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ella Moore
(Address) 321 N. Schroeder St

Filed N 7- 1929 W. PRESTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1928 to Jan 3 1929
that I last saw her alive on Jan 2 1929
and that death occurred, on the date stated above, at 7.10 a m

The CAUSE OF DEATH* was as follows:

Diabetes Carcinoma

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary E. Cadden, M. D.

, 19 (Address) 1129 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery — DATE OF BURIAL Jan 7, 1929

20 UNDERTAKER Mrs. Hattie R. Williams — ADDRESS 322 N Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41206 — CERTIFICATE OF DEATH — 129 — E 41206

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 4419 Brenwood Ave. St. 27-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lester I. Heimiller

(a) RESIDENCE NO. 4419 Brenwood Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Heimiller

6 DATE OF BIRTH (month, day, and year) Mar 30, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salto Md

PARENTS

10 NAME OF FATHER James K. P. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salto Md.

12 MAIDEN NAME OF MOTHER Martha Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William J. Heimiller (Address) 4419 Brenwood Ave.

15 Filed Jan 7, 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Jan 5, 1929, that I last saw h[illegible] alive on Jan 5, 1929 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

Jan 6, 1929 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine	Jan 8 1929
20 UNDERTAKER	ADDRESS
Mr & Mrs. John H. Deufel & Son	801 W. Fayette St.

Spec.—1-12-23—M&T—500 Blks.

E 41207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41207

CERTIFICATE OF DEATH.

101-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1853 W. North Ave. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Edw. D. Scheer

(a) RESIDENCE NO. 1653 W North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
55	9.	25 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish Commissioner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Martinsburg W. V.

PARENTS

10 NAME OF FATHER Louis Scheer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wolff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sadie Scheer

(Address) 1653 W North Avenue

15 Filed 7-1929. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 4th, 1929, that I last saw h alive on Jan 4th, 1929, and that death occurred, on the date stated above, at 10.35 A m.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. P. Byerly, M. D.

, 19 (Address) 606 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. V.

DATE OF BURIAL Jan 9 1929

20 UNDERTAKER Joseph Seyfer

ADDRESS 1600 W North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41208 E 41208

CERTIFICATE OF DEATH.

129

REGISTERED NO. 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Poplar Grove St.) (WARD)

2-FULL NAME Sidney Virginia Booker

(a) RESIDENCE NO. 1814 Poplar Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced, (write the word)
F.	W.	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L. Booker

6 DATE OF BIRTH (month, day, and year) Feb 17-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sidney Belenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. L. N. Reed (Address) 1814 Poplar Grove St.

15 Filed 1929, 19 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1 to June 6 1929

that I last saw h[illegible] alive on June 6 1929

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchitis & Nephritis

Bronchitis (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2w

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Booker M.D.

(Address) 3600 Fleet St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL June 8 1929

20 UNDERTAKER Leptien & Sons ADDRESS 1323 W. Lafayette Ave.

Spec.–7-17-26—A Co.—200 Bks.

E 41209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 41209

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Manchester apts 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Luther Nile

(a) RESIDENCE NO. Bloom & Madison St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~: Margaret Lobengeile

6 DATE OF BIRTH (month, day, and year): May 4 1840

7 AGE: Years 84 Months 8 Days 3 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: None

(b) General nature of industry, business, nr establishment in which emplnyed (nr employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Nile

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Beller.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Infnrmant Miss Mary Nile (Address) Manchester apts.

15 Filed. 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jany 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1928 to Jany 7 1929 that I last saw h[illegible] alive nn Jany 6 1929 and that death occurred, on the date stated above, at 7 AM m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 15 yrs mos ds.

18 Where was disease contracted If nnt at place nf death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas J Chamberlain M. D.

Jan 7. 1929 (Address) 1500 McCulloh St

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature nf Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Frederick Date nf Burial Jan 9th 1929

20 UNDERTAKER Richard Gore ADDRESS 1732 Lafayette ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 41210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 E. Hill St. St. 22-30 Ward)

2-FULL NAME Mack Neal.(C)

(a) RESIDENCE NO. 23 E. Hill St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Emma Conway.(C)

(Address) 23 E. Hill St.

15 Filed ..... 19 ..... Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

(Signed) Hart P. Emerick M. D. (Coroner)

1/3, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cem. Date of Burial 1929

20 UNDERTAKER Wm. R. C. Elliott ADDRESS 1725 Ashland Ave

CARLTON JONES, M. D.

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

29/41211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41211

CERTIFICATE OF DEATH.

100-01

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Moore

(a) RESIDENCE NO. 2227 Oak St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 10 24

7 AGE: Years 2 1/2 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Arthur Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Virginia Blackistone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant (Address): Records -

15 Filed 7-1929, 19 By —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 4, 1929.

that I last saw her alive on Jan 4, 1929,

and that death occurred, on the date stated above, at 8 — P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobular.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): None

(duration) None yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Pneumococci. (autopsy)

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: 1/8/29

UNDERTAKER: Mrs. R. L. Elliott

ADDRESS: 225 Ashland Av

Spec.–7-17-26—A Co.—200 Bks.

E 41212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41212

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3003 Cresmont ave St. 17-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne A. O'Connor

(a) RESIDENCE NO. 3003 Cresmont ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John O'Connor

6 DATE OF BIRTH (month, day, and year): Dec 8th 1852

7 AGE — Years: 76 — Months: — Days: 29

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General natore of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Fermanah.

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Philip McGuire

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Fermanah. Ireland

12 MAIDEN NAME OF MOTHER: Susan. H. Owings

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Fermanah. Ireland

14 Informant: John. M. Oconnor

(Address): 605 Washington Place

15 Filed 1-7-1929 C. HAMILTON JONES, M. D. Registrar

By RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-5- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Jan 6 1929

that I last saw her alive on Jan 1 1929

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(doration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Mc Carty M. D.

1-7 1929 (Address) 37 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 8 1929

20 UNDERTAKER: Keeny & Jenkins Bros — ADDRESS: McCulloh & Orchard

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 41213 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 **E 41213**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Riggs Alley Ward) REGISTERED NO.

2-FULL NAME Chester A Brice

(a) RESIDENCE NO. 1712 Riggs St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 Color or Race Cwl | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Saml Brice

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Mary Sawyer

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Henry Brice
(Address) 1712 Riggs Alley

15 Filed ..... C. HAMPSON JONES, M. D. Registrar.
1929 No. ——

CORONER'S CERTIFICATE

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 1

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 7th (Address) North Bn & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1-8 1929

20 UNDERTAKER Saml Easton ADDRESS 916 E Balto

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41214

CERTIFICATE OF DEATH.

101-001 ✓

E 41214

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 Mosher St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Saskurz

(a) RESIDENCE NO. 1204 Mosher St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): Unknown 1928

7 AGE — Years: — Months: 6 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country):

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore

14 Informant:

(Address): 1204 Mosher St

15 Filed 1929 19 C. EMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Jones M. D.

(Coroner)

(Address) 1204 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 1-7 1929

20 UNDERTAKER: Daniel Easton ADDRESS 916 Mc Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41215

CERTIFICATE OF DEATH.

161-01

E 41215

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 Laurens St. 15-22 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Fauntleroy

(a) RESIDENCE NO. 1204 Laurens St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day and year): Sept 25-1928

7 AGE: Years ____ Months 3 Days 10 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): md.

PARENTS

10 NAME OF FATHER: Gus Fauntleroy

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Ethel Piggett

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Gus Fauntleroy

(Address) 1204 Laurens St

15 Filed 1929 Registrar

3106

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Jan 5th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. 2 mos. 3 ds. 11

(Signed) F. Gilmer Smith M. D.

Jan 5-1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial 19

20 UNDERTAKER: C. HARRISON JONES — ADDRESS

Commissioner Health

JAN 7 1929

Per Wm. E. Housley

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41216

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41216

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3911 S 2nd ST. Brooklyn WARD 25-15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leona V. Lemke

(a) RESIDENCE NO. 3911 S 2nd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 19-1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	17	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Emil Lemke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Emil Lemke

(Address) 3911 S 2nd St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

7 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6-1929

17 I HEREBY CERTIFY, That I attended deceased from 1/1 1929 to 1/6/29 1929

that I last saw her alive on 1/6/29 19

and that death occurred, on the date stated above, at 8. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer

(duration) yrs. — mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical —

(Signed) A. Kellmyer M. D.

19 (Address) 1340 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Jan 8 1929

20 UNDERTAKER John Ulrich

ADDRESS 2008 Allen

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41217

CERTIFICATE OF DEATH

E 41217

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 12-20

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Virginia Wilson

(a) RESIDENCE NO. 2306 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE: Years 86 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John A. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amelia B ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 1929 C. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-29

17 I HEREBY CERTIFY, That I attended deceased from 8-15, 1928, to 1-5, 1929, that I last saw her alive on 1-5-29, 1929 and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH was as follows:

Multiple Malignant Epithelioma of Skin

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pathological

(Signed) John E. Moran M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 7 1929

20 UNDERTAKER Mary M. Medford — ADDRESS 701 E 22nd St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41218

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41218

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 21-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Maul

(a) RESIDENCE NO. 710 W. Barre ST., WARD

(Usual place of nbode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah R. Maul

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1853

7 AGE	Years	Months	Days 28	If LESS than 1 day, hrs. or min.
	75	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John W. Maul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 BALTIMORE CITY HOSPITALS (Address) [redacted]

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-29

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1928 to 1-5, 1929, that I last saw him alive on 1-5, 1929 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Cancer by biopsy of the Prostate

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin E. Moran, M. D.

1/5/29 BALTIMORE CITY HOSPITALS (Address) [redacted]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 8 1929
20 UNDERTAKER	ADDRESS
J. S. Brook	1003 W. Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 41219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 E 41219

1—PLACE OF DEATH

REGISTERED NO. 13-57

CITY OF BALTIMORE: (No. 3423 Roland Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dora L Smith

(a) RESIDENCE NO. 3423 Roland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, and year) Dec 2 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Wm L Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mary E Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Wm L. Smith

(Address) 3423 Roland Ave

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/29

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to Jan 6, 1929, that I last saw h alive on Jan 6, 1929 and that death occurred, on the date stated above, at 930 P.m.

The CAUSE OF DEATH* was as follows:

Anaemia Pernicia Typica

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Rickets ?

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John H Crain, M. D.

, 19 (Address) 612 N 40th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Jan 8 1929
20 UNDERTAKER	ADDRESS
Thurnwald Son	2100 Chestnut

Spec.—2-29-28—L. F. S.—500 Bks.

E 41220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓ E 41220

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1214 John ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Louise Cain

(a) RESIDENCE NO. 1214 John ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: James G. Cain

6 DATE OF BIRTH (month, day, and year): June 21 1878

7 AGE: Years 50 | Months 6 | Days 5 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Cadam Herzog

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: C. Uhlenbrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James G. Cain

(Address) 1214 John St

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 5th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1928, to Jan 5th, 1929, that I last saw her alive on Jan 4th, 1929 and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Influenza & Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Tolbert, M. D.

Jan. 9, 1929 (Address) 211 N. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 8th 1929
20 UNDERTAKER	ADDRESS
Henry Meakins & Son Inc	Oakland Ave Catonsville Md

Spec.—12-9-25—A. Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41221

CERTIFICATE OF DEATH.

11-092

E 41221

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1202 John St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mary Carrick.

(a) RESIDENCE NO. 1202 John St. St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John J. Carrick

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE: Years 58; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Groghan

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Healy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Mrs. Marie Meeth

(Address) 1202 John St.

15 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6th. 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec-22, 1928, to Jan-6, 1929.

that I last saw h-- alive on Jan-6-1929

and that death occurred, on the date stated above, at 11,45 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin L. Steele, M. D.

1-7, 1929. (Address) 806 Hutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery. Date of Burial 1/9 1929.

20 UNDERTAKER: Chas. P. Crane & Son ADDRESS 1180 W. Mt. Royal Ave

Very Important. See Instructions on Back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41222

CERTIFICATE OF DEATH

E 41222

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 518 S Ann St 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stefan Kitowski

(a) RESIDENCE NO. 518 S Ann ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Apolonia Kitowski

6 DATE OF BIRTH (month, day, and year) 1864 ~~1860~~

7 AGE: Years 64 Months 11 Days 28 If LESS than 1 day, hrs or min.

U.S. 1-28-29 1-28-29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Jacob Kitowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Information: Apolonia Kitowski

(Address) 518 S Ann St

15 1929

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12 1926 to Jan. 5 1929

that I last saw him alive on Jan. 6 1929

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & Symptoms

(Signed) John V. Szczerbicki, M. D.

19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Jan 9 1929

20 UNDERTAKER: F W Ozazewski

ADDRESS 1930 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41223

CERTIFICATE OF DEATH

90

E 41223

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1821 Eutaw Place ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances A. Thomas

(a) RESIDENCE NO. 1821 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Hezekiah Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza Lambden

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Hezekiah L. Thomas
(Address) 1821 Eutaw Place

15 Filed 7 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec-30-, 1928, to Jan 6, 1929, that I last saw h-r alive on Jan 5, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis (Myocarditis)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Maxwell Brown, M. D.

. 19 (Address) 125 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore, Md.	Jan. 8 1929

20 UNDERTAKER ADDRESS

Wm. E. Black 927 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41224

CERTIFICATE OF DEATH.

66 E 41224

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 228 Castle St. Ward 2-4)

2-FULL NAME Thos J Welsh (Mrs)

(a) RESIDENCE NO. 228 Castle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Welsh

6 DATE OF BIRTH (month, day, and year) Dec 25, 1882

7 AGE Years	Months	Days if	IF LESS than 1 day.....hrs. or.....min.
46		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 23

(b) General nature of industry, business, or establishment in which employed (or employer) Chauffer

(c) Name of employer

9 BIRTHPLACE (city or town) Balto-

(State or country)

PARENTS

10 NAME OF FATHER Michal Welch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate Cummings

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Welsh

(Address) 228 S. Castle St.

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion

(duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed) M. D.

(Coroner)

1/9/29, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial Jan 9, 1929

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto

Copy Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Owens

E 41225 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41225

1—PLACE OF DEATH

REGISTERED NO. 18-26

CITY OF BALTIMORE: (No. 211 W. Centre ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ellen Owens

(a) RESIDENCE NO. 531 N. Carrollton Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 0 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James G. Owens Sr.

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Maurice Seville

11 BIRTHPLACE OF FATHER (city or town)
(State or country) France

12 MAIDEN NAME OF MOTHER Catherine Walsh

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Marie Buckley
(Address) 2333 Guilford Avenue

15 Filed 7 1929, 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 6, 1929, that I last saw her alive on Jan 6, 1929 and that death occurred, on the date stated above, at 2:a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Heart Knee

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fib & Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Forsyth M. D.

1-7, 1929 (Address) 617 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/2 19 29
20 UNDERTAKER	ADDRESS
Henry W. Myers & Son	801 N Calvert

Cor.—12-9-25—A Co.—200 Bks.

E 41226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 188-203

E 41226

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hosp. St. 2200 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Buford L. Quesenberry

(a) RESIDENCE NO. 253 York st 2a St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Personal knowledge

(Address) Baltimore Md.

15 Filed 7-1929 C. HARRISON JONES, M. D. Registrar RCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Compound fracture of right leg. Struck by automobile. Had Washington Boulevard in mesenteric thrombosis. Baltimore

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Chas. O'Brooke M. D.

(Coroner) Fun. Dir.

1/6. 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: King George Co. Va Date of Burial: June 7 1929

20 UNDERTAKER: Jos Gurnon & Bro ADDRESS 1127 E Balto st

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Norton 888 W Lombard St

E 41227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41227

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 122 Scott ST. 18-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph L. H. Bloomer

(a) RESIDENCE NO. 122 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the wnrd)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 21, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

10 NAME OF FATHER Louis H. Bloomer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Mary Biddison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Jessie E. Warmbier

(Address) Washington D C

15 Filed C. HAMILTON JONES M. D. Registrar

1929 Oct 2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5. 1929. to Jan 6. 1929.

that I last saw him alive on Jan 6. 1929

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam. Etc.

(Signed) Thos Horton, M. D.

1/7, 19 29 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	1/9 1929
20 UNDERTAKER	ADDRESS
H M Cook	1217 E Pratt St

Spec.—2-29-28—L. F. S.—509 Bka.

Dr Keown ✓1938 Linden Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41228

CERTIFICATE OF DEATH

90 E 41228

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Enton Place ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Rae Haswell

(a) RESIDENCE NO. 1923 Enton Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: E. Hall Haswell

6 DATE OF BIRTH (month, day, and year): Aug. 16. 1853

7 AGE — Years: 75 | Months: 4 | Days: 24 | If LESS than 1 day, hrs. or min.: 19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0?

(c) Name of employer: At Home

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Francis Rae

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary A Elder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary A Robinson

(Address): Washington D C

15 Filed: Jan 7 1929

16 CARLTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929, to Jan 5th, 1929, that I last saw her alive on Jan 5th, 1929 and that death occurred, on the date stated above, at 11.25 p m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Examination

(Signed) T. W. Keown, M. D.

Jan 7 1929 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 1 9 1929

20 UNDERTAKER: W. M. Cook

ADDRESS: 1219 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41229

CERTIFICATE OF DEATH

101-001 V

E 41229

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Hamilton Ave x Belair Rd ST., 47-42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Triggs

(a) RESIDENCE NO. Hamilton Ave x Belair Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Triggs

6 DATE OF BIRTH (month, day, and year) Feb. 27th 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER James Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Flag

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Thomas Triggs

(Address) Hamilton Ave x Belair Rd

15 Filed 1-7-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 . 1929. to Jan 7 . 1929. that I last saw her alive on Jan 6 . 1929 and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Symptoms

(Signed) E. Miles Wheeler, M. D.

1-7-1929 (Address) 2129 N. Wolfe Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL 1/9/29

20 UNDERTAKER Wm Cook — ADDRESS 1228 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr H Athey 2564 St Paul St

E 41230

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH

E 41230

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 St Anns Ave ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman L Theisz

(a) RESIDENCE NO. 624 St Anns Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Theisz

6 DATE OF BIRTH (month, day, and year) Dec 19, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Prud Ins Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Herman Theisz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Mary Fires

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Mrs Mary L Theisz

(Address) 2531 Talbot St

15 Filed 1-7 1929 C. HAMPSON JONES, M. D. (Registrar)

Pct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1928, to Jan 6, 1929, that I last saw him alive on Jan. 6, 1929, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza General Sep.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Henry O Athey, M. D.

1/7, 1929 (Address) 2564 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/10 1929

20 UNDERTAKER P. M. Cook

ADDRESS 1217 St Paul St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41231

CERTIFICATE OF DEATH.

E 41231

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Campbell

(a) RESIDENCE No. 512 Martin St., Wilmington Del. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Campbell.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25 = 30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Sandy Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 7-1929, 19

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 1929

17 I HEREBY CERTIFY, That I attended deceased from December 14, 1928, to January 7, 1929, that I last saw her alive on January 7, 1929, and that death occurred, on the date stated above, at 2 15 a m.

The CAUSE OF DEATH* was as follows:

Infected foot

Coccus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Diabetes . Pneumonia .

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Wilmington, Delaware

Did an operation precede death? Yes Date of 12/16/28

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray. Urine exam.

(Signed) Henry H. Hoxsenberg, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington Del.

DATE OF BURIAL: Jan. 7 1929

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS 1715 Ashland Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41232

CERTIFICATE OF DEATH

90

E 41232

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Kate Byrne (BYRNE)

(a) RESIDENCE NO. 7611 Fullerton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single ~~Widowed~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 90 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Hugh Byrne

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Hugh Kavanaugh

(Address) 913 N. Calvert St.

15 Filed ..... 1929 C. H. Davis Jones M. D. Registrar

Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/29 19

17 I HEREBY CERTIFY, That I attended deceased from 4/5/28 19 to 1/7/29 19

that I last saw h[illegible] alive on 1/7/29 19

and that death occurred, on the date stated above, at 9:55 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular Disease

(duration) 9 mos yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: 1/10 1929

20 UNDERTAKER: Henry H. Pearson Sons — ADDRESS: 1 Calvert

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41233

CERTIFICATE OF DEATH

101-001

E 41233

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Sorrento Ave. ST.; 26th Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Doris Fisher

(a) RESIDENCE NO. 103 Sorrento Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lester Dow

6 DATE OF BIRTH (month, day, and year): Feb. 22 1883

7 AGE — Years: 45 | Months: 10 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rockville Penna.

10 NAME OF FATHER: Frank Fisher Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Louise Niemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Frank Fisher Jr.

(Address) 103 Sorrento Ave.

15 Filed JAN 8 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1929, to January 5, 1929

that I last saw h~~e~~ alive on January 5, 1929

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos. 5 ds.

CONTRIBUTORY (Secondary): Toxaemia

(duration) yrs mos. √ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Henry D Baker, M. D.

Jan 7, 1929 (Address) 2nd & Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan. 8 1929

20 UNDERTAKER: Wm Tuckner Sons ADDRESS: North & Pa

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41234

CERTIFICATE OF DEATH

90 ✓

E 41234

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 922 McDonough ST., 7-13 WARD)

2—FULL NAME Martha Small

(a) RESIDENCE NO. 922 McDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: 70 Years | Months | Days | If LESS than 1 day, hrs. or min.

69

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Nelson Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Heath

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: William P. Crowd

(Address) 922 McDonough st

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928. to Jan 4. 1929

that I last saw her alive on Jan 4 . 1929

and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward J. Green, M. D.

1-7, 1929 (Address) 120 Aisquith St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet cemetery

DATE OF BURIAL: Jan 9 1929

20 UNDERTAKER: Edward Bryan

ADDRESS 1681 Orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 41235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 41235

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 1623 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stover Stanley.

(a) RESIDENCE NO. 817 N. Broadway Ward

(Usual place of abode) 817 N. Broadway (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 years How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Stanley.

6 DATE OF BIRTH (month, day and year): 1894

7 AGE — Years: 35 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Pa.

(State or country)

PARENTS

10 NAME OF FATHER: Geo Stanley

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Lottie Campen

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant (Address): Alice Stanley 817 N. Broadway

15 Filed..... 19..... Registrar

JAN 9 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Jan 5th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage (duration) yrs. Saddoes

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Jan 7 1926 (Address) (Coroner) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md Date of Burial Jan 9 1926

20 UNDERTAKER: Edward Bryan ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41236

CERTIFICATE OF DEATH.

24-25-90

E 41236

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1630 E.Clement St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kostanty Mileswki.

(a) RESIDENCE NO. 1630 E.Clement St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	Married.

3a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXX Lucille Mileswki.

6 DATE OF BIRTH (month, day, and year) August 20, 1881

7. AGE — Years: 47 — Months: 4 — Days: 17 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Mathew Mileswki.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Lucille Mileswki. (wife)

(Address) 1630 E.Clement St.

Filed AUG 8 1929 Henry Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [redacted] M. D.
(Coroner)

1/7, 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C.C. Co Date [redacted]ial Jan 9 1929

20 UNDERTAKER Margaret J. Flynn ADDRESS 1417 Eight St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41237

CERTIFICATE OF DEATH

31

REGISTERED NO. E 41237

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Stricker ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L. Donoghue

(a) RESIDENCE NO. 18 N. Stricker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4[illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Donoghue

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Moose Club

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER N. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Andrew Donoghue

(Address) 18 N. Stricker St.

15 Filed AUG - 1928 Louis H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jany 6, 1929, that I last saw her alive on Jany 4, 1929 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. Donnell, M. D.

1/7, 1929 (Address) 108 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 10 1929
UNDERTAKER Harold Cook	ADDRESS 1003 West Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41238

CERTIFICATE OF DEATH.

T 185 L

REGISTERED NO. E 41238

1-PLACE OF DEATH University Hosp. 4-30

City of BALTIMORE: (No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.

2-FULL NAME Edward Thompson

(a) RESIDENCE NO. _____ St. 7 Ferndale (8) Ward Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Thompson

6 DATE OF BIRTH (month, day, and year) May 23, 1894

7 AGE: Years 34 Months 7 Days 14 IF LESS than 1 day.....hrs. or.....min. 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Geo. C. Jubb.

9 BIRTHPLACE (city or town) Harford County

(State or country) Maryland.

PARENTS

10 NAME OF FATHER William Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Harrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Mary C. Thompson

(Address) 544 W. Baltimore St.

15 Filed JAN 8 1929 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractures 10th x 11th Thoracic vertebrae (accidental fall). Paraplegia both lower Extremities Angulating spine

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) _____ M. D.

(Coroner)

1/7 1929 (Address) 2729 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death? Ferndale, Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial Jan 10 1929

20 UNDERTAKER Joseph B Gott Jr. ADDRESS 1003 West Baltimore St

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41239

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Rankin Place ST. 18-7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Ireland

(a) RESIDENCE NO. 1226 Rankin Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice V. Ireland

6 DATE OF BIRTH (month, day, and year) Feb. 15, 186[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Olivet (Calvert Co

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas Ireland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Alcock

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Alice V. Ireland

(Address) 1226 Rankin Place

15 Filed 1929 C. [illegible] Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 7, 1929, that I last saw h[illegible] in alive on Jan 7, 1929, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. [illegible] M. D.

1/7, 1929 (Address) 1215 Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Olivet, Calvert Co., Md.

DATE OF BURIAL Jan. 10 1929

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Cole 2216 Garrison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41240

CERTIFICATE OF DEATH

21-56 90

E 41240

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 5001 Palmer Ave ST., 21 WARD)

2—FULL NAME Francis H. Evans

(a) RESIDENCE NO. 5001 Palmer Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Evans

6 DATE OF BIRTH (month, day, and year) Jan 6 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Stockdale & Co

9 BIRTHPLACE (city or town) (State or country) Balt Md

10 NAME OF FATHER John B Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Loy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie Evans

(Address) 5001 Palmer Ave

15 Filed AUG 3 1929 19 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 1928 to Jan 6 1929

that I last saw him alive on Jan 6 1929

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration with Insufficiency & Decompensation.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Consultation

(Signed) H. Sullivan, M. D.

1929 (Address) 2002 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	19 1929
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41241

CERTIFICATE OF DEATH

74-001 E 41241

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Fleet St. ST. 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Ott

(a) RESIDENCE NO. 3201 Fleet ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia E. Ott

DATE OF BIRTH (month, day, and year) Dec. 4 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Maryland

10 NAME OF FATHER Louis Ott

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

Informant Amelia E. Ott

(Address) 3201 Fleet St.

JAN 9 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Jan 6, 1929

that I last saw him alive on Jan 6 1929

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Arterial Hemorrhage;

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemophlysia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

, 19 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Lutheran Cemetery	Jan. 9 1929
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fullerton

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41242

CERTIFICATE OF DEATH

100-001

E 41242

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Latrobe Apt. Charles & Read Sts. ST., 11-15 WARD)

2—FULL NAME Mary Ludlow Whiteley

(a) RESIDENCE NO. Latrobe Apt Charles & Read Sts. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Holmes Whiteley

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83 84				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Wethered Ludlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Richard H Pleasants

(Address) 1011 Munsey Bldg. Balto

15 Filed Jan 8 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929, to Jan 6th, 1929, that I last saw h[illegible] alive on Jan 5th, 1929 and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senility Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sym & Symptoms

(Signed) J A Chatard, M. D.

Jan 7, 1929 (Address) 1300 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Jan 8th 1929
20 UNDERTAKER	ADDRESS
Henry H Jenkins Sons Co	McCulloh & Orchard Sts.

Spec.—1-10-21—M&T—1500 Bks.

41243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-08

E 41243

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 717 WARD)

2-FULL NAME Charles Jarrett

(a) RESIDENCE No. 715 N. Curley St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 2 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer A. & P. Store

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William A Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie Brumgton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant William A Garrett

(Address) 715 N. Curley St

15 Filed NOV 8 1929 H. BRUCE JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929 to Jan 6, 1929

that I last saw him alive on Jan 6, 1929

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Influenzal Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Post-mortem

(Signed) Meyer Nudler, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ebenezer Cemetery, Essex Md.	Jan 9 1929
20 UNDERTAKER	**ADDRESS**
Stephen Jones Inc	4 [illegible] Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

E 41244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ E 41244

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 710 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Smith

(a) RESIDENCE NO. 607 fro Madeira ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Not stated

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 3 1929 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-29

17 I HEREBY CERTIFY, That I attended deceased from 12-14 . 1928 . to 1-5 . 1929. that I last saw him alive on 1-5 . 1929 and that death occurred, on the date stated above, at 6:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Myocardial Insufficiency

CONTRIBUTORY (Secondary) Arteriosclerosis, Nephritis (duration) 3 yrs. mos. ds.
Tension (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician & Lab

(Signed) Chas. E. Gordon, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cr	Jan 8 1929
20 UNDERTAKER	ADDRESS
J. A. Brandt Son	1101 Madison

Cor.—12-9-25—A Co.—200 Bks.

Redifer

HEALTH DEPARTMENT—CITY OF BALTIMORE

41245

CERTIFICATE OF DEATH.

90 E 41245

1-PLACE OF DEATH

City of BALTIMORE: (No. 3210 Hayward Ave) (Ward) 55

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edward Redifer

(a) RESIDENCE NO. 3210 Hayward Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy A. Slater

6 DATE OF BIRTH (month, day, and year) May 11 - 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53	7	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Morris Jump-

9 BIRTHPLACE (City or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER George Redifer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Schaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Geo. E. Redifer

(Address) 3210 Hayward ave

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) ...find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edwelar Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

1/6, 1929 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Jan 8 1929

20 UNDERTAKER Martin Eby Sons ADDRESS 1827 N Howard

3 1929

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Rose pl. ST. 11-24 WARD)

REGISTERED NO. 1000

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Miller

(a) RESIDENCE NO. 8 Rose pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 26 - 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	—	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nathaniel Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Vera Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Vera Miller

(Address) 8 Rose pl.

15 Filed 8 1929 H. MADISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 6, 1929.

that I last saw him alive on Jan 6, 1929

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs — mos 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletier, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Jan 8, 1929

20 UNDERTAKER Chas F. Cooper

ADDRESS 514 N. Carrollton Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 41247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41247

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 East York St. 22-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodor Stepanuk.

(a) RESIDENCE. No. 8 East York St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Oscot. Stepanuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Ephemia Corsack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Peter Stepanuk (Address) 8 East York Street

15 Filed JAN 8 1929 ALLISON C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1929.

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1929, to June 6, 1929, that I last saw him alive on June 6, 1929, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

0 (duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) 0 yrs 0 mos 0 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. H. Entsch, M. D.

19 (Address) 1730 Linden.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross C. C. Co.	Jan. 8 1929

20 UNDERTAKER ADDRESS

George A. Weber 705 S. Ann St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 41248

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 317 W Hoffman (Ward) 11-24

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Thomas

(a) RESIDENCE NO. 317 W Hoffman (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 27 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day and year): May 15-1928

7 AGE: Years 0 Months 7 Days 26 • IF LESS than 1 day ....hrs. or ....min. 27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Sarah Thomas

(Address) 317 W Hoffman

Filed AUG - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J H Finch M. D.

June 8 1929 (Address) with Bayview

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Jan 6 1929

20 UNDERTAKER: Edwards & Saunders ADDRESS: 1906 Gorsuch Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

E 41249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 W. Franklin ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Warfield Davis

(a) RESIDENCE NO. 1503 W. Franklin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Davis

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benjamin Thomason

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Sliner

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant George Davis

(Address) 1503 W. Franklin St.

Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Jan. 4, 1929.

that I last saw her alive on Jan. 4, 1929

and that death occurred, on the date stated above, at 9:15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

Paralysis of entire right side

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson, M. D

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Lion Cemetery

DATE OF BURIAL Jan 8, 1929

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

Amedio ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-001

CERTIFICATE OF DEATH.

15 E 41250

E 41250 DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 3410 Clarement St ST 76-37 WARD)

2-FULL NAME Baby Amedio

(a) RESIDENCE NO. 3410 ST. Clarement St WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 7-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Archie Amedio

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Concetta Tomeano

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Archie Emidio
(Address) 3410 Clarement St.

15 Filed JAN 13 1929 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929, to Jan 7 1929,

that I last saw h[illegible] alive on Jan 7 1929

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Premature - Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris J. Schmelzer M. D.

, 19 (Address) 1515 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	1/8 1929

20 UNDERTAKER Geo J Ruth

ADDRESS 1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

41251

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 41251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 (Street) Little Williams st (Ward) 34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Tudor

1a) RESIDENCE NO. 1725 Little Williams st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 25 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Tudor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Fannie E Mister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant William L Tudor

(Address) 1725 Little Williams st

15 Filed JAN 3 1929 JAMES H. LEWIS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1929 to Jan 7 1929

that I last saw her alive on Jan 5 1929

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H F Thurgood M. D.

1/7 1929 (Address) 1 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Jan 9 1929

20 UNDERTAKER John F. Dennis — ADDRESS 715 Light

Spec.—1-12-23—M&T—500 Blks.

41252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 41252

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Sharp ST. 2331 WARD)

2-FULL NAME William Elkins

(a) RESIDENCE NO. 925 Sharp ST. 22 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced
"HUSBAND of
~~(or) WIFE of~~ Martha Elkins

6 DATE OF BIRTH (month, day, and year) Jan 7 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, (State or country) Md

PARENTS

10 NAME OF FATHER Horace Elkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lizzie Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha Elkins
(Address) 925 Sharp St.

JAN 6 1929 C. RAYMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/29

17

I HEREBY CERTIFY, That I attended deceased from 12/22/, 1928, to 1/5, 1929.

that I last saw him alive on 1/5, 1929.

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

Pulmonary type of Hart

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

Nephritis (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) M. W. Bishop, M. D.

, 19 (Address) 709 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	June 19 29
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1720 Ashland Av

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154-002 E 41253

E-41253 REGISTERED NO.

CITY OF BALTIMORE: (No. 3447 Ash ST. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Matta A. Hyatt

(a) RESIDENCE NO. 3447 Ash ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 7, 1929

7 AGE: Years 1 | Months | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Howard Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Angie Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Howard Smith
(Address) 3447 Ash St.

15 Filed NOV 8 1929 19 HAMILTON JOHNS M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1929, to 1/8, 1929

that I last saw her alive on 1/7, 1929

and that death occurred, on the date stated above, at 6 15 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Pretlow, M. D.

19 (Address) 1346 Aliceanna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Jan 9 1929

20 UNDERTAKER: Chenowith & Long — ADDRESS: 2411 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41254

CERTIFICATE OF DEATH.

90 ✓

E 41254

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 China St. 22-30 St. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Butler. (C)

(a) RESIDENCE NO. 611 China St. St. ... Ward ...

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Widower.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) XXXXXXX XXXXXXX Maggie Butler. (C)

6 DATE OF BIRTH (month, day, and year) May 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	65	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) G40

(c) Name of employer

9 BIRTHPLACE (city or town) ...

(State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER James Butler. (C)

11 BIRTHPLACE OF FATHER (city or town) ...

(State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Nancy Dulany.

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Charles Co. Md.

14 Informant Annie Butler. (C) daughter.

(Address) 611 China St.

15 Filed ... 19 ... WILLIAM JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

1/7, 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

Date of Burial 1/9 1928

20 UNDERTAKER Samuel Easton

ADDRESS 916 Park

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41255

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Harlem av ST. 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Drucilla Newman

(a) RESIDENCE NO. 1709 Harlem Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jerrett Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Clent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rachel Matthews

(Address) 1709 Harlem ave

Filed NOV 1929 HAMILTON JONES, Jr. D.H.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 5, 1929, that I last saw h alive on Jan 4, 1929 and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? e

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Parkman ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Rock cem	1/9 1929
20 UNDERTAKER	ADDRESS
Daniel Gordon	916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 41256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 41256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Russell ST. 21-24 WARD)

2-FULL NAME Bernard Taylor

(a) RESIDENCE NO. 1108 Russell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. — mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec-15-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Inter town

(c) Name of employer Whitington Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Will Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Ollie Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mildred Tillman

(Address) 1108 Russell

15 Filed 8 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec-28, 1928, to Jan 6, 1929, that I last saw him alive on Jan-5, 1929, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Truxton M. D.

1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Jan 10 1929

20 UNDERTAKER A. L. Bloom & Son ADDRESS 1081 W. Lexington

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41257

CERTIFICATE OF DEATH.

185 E 41257

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 20-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Mepham

(a) RESIDENCE NO. 2947 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew O. Mepham

6 DATE OF BIRTH (month, day, and year) Mar 29/1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	9	9	8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Craft

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER --- Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Clara M. Brandenburg

(Address) 2047 Edmondson Ave

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy- Sclerosis etc of age. (Frac. femur result of fall after stroke)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Collins M. D. (Coroner)

1/8/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudn. Park Cem. Date of Burial Jan 8 19 29

20 UNDERTAKER Josiah Ryder ADDRESS 1608 W. North ave

NOV 8 1929 C. Hamilton Johns M. D.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41258 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127-002

REGISTERED NO. E 41258

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Ethelridge ST. 16-37 WARD)

2—FULL NAME John F. Wolfert

(a) RESIDENCE NO. 505 S. Ethelridge ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Mar 16-1905

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
23	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Cuban Can Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Fredk Hoffert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Hoffert

(Address) 505 S. Ethelridge St

15 Filed Jan 8 1929. 19... E. PAUL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 . 1928, to January 6 . 1929, that I last saw him alive on January 6 . 1929 and that death occurred, on the date stated above, at 815 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Acute Dilation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Wm. H. Wessler M. D.

1/8 . 1929 (Address) 2307 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Jan 10 1929
20 UNDERTAKER John Ulrich	ADDRESS 2008 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 41259

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001

E 41259

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-38

CITY OF BALTIMORE: (No. Sydenham Hospital, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irving Traub

(a) RESIDENCE NO. 3526 Cottage Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 6, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Jesse Traub

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Gene Schultz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Gene Traub
(Address) 3526 Cottage Ave

15 Filed 3 1929 (By) C. Fletcher JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 8, 1929.

that I last saw him alive on Jan 8 1929

and that death occurred, on the date stated above, at 12 35 a m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diphtheritic Myocarditis (Acute)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 3526 Cottage Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Daly M. D.

1-8, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Wash. Road	1-8- 1929

UNDERTAKER Jack Lewis ADDRESS 439 E Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41260

CERTIFICATE OF DEATH.

E 41260

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 223 S. Washington St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Plichta

(a) Residence No. 223 Washington St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Plichta

6-DATE OF BIRTH (month, day and year): Not known

7-AGE: 50 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): B-O-R R Co

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS

10-NAME OF FATHER: Joseph Plichta

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14- (Informant): Agnes Plichta

(Address): 223 S. Washington

15-

Filed 1929 E. LESTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 8, 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4 1929 to Jan. 8 1929

that I last saw him alive on Jan. 3 1929

and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

~~Cystitis~~ Broncho-Pneumonia

(Post-influenzal)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Epid. Encephalitis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

1/8 1929 (Signed) Isaac Ferguson M.D.

(Address) 2400 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Francis Xavier — DATE OF BURIAL: 1/11 1929

20-UNDERTAKER: Wm Galloway — ADDRESS: 1618 Eastern

Spec—12-23-21—E.B.R.S.—400 Eks.

E 41261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 41261

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5309. Eastern Ave St., 26-37 Ward)

2-FULL NAME Leokadya Hart.

(a) Residence No. 5309 Eastern Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced [redacted] of (or) WIFE of Raymond Hart

6-DATE OF BIRTH (month, day and year) Sept. 30-1903

7-AGE. 25 yrs. 3 mos. 4 ds. If LESS than 1 day, 6 hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Homework

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: Raymond Walters

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Kowalewska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14- (Informant): Pelagia Hetmanczyk

(Address): 512 S. East Ave

15- JAN 3 1929 ...ISAAC JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 5/29

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 19 28 to Jan 4 19 29

that I last saw h. alive on Jan 4 19 29

and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Dr. Greenberg M. D.

1/5, 1929 (Address) 4 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary	1/8 1929
20-UNDERTAKER	ADDRESS
William Rayfourdy	1618 Eastern Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41262

CERTIFICATE OF DEATH.

1929

REGISTERED NO. E 41262

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828 Linden ave (St.) 14-20 (Ward)

2-FULL NAME Lida Langdon Penny

(a) RESIDENCE NO. 1828 Linden ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Penny

6 DATE OF BIRTH (month, day, and year) Sept 20 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Home Duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER David Crane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Nicole Fridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles J. Penny
(Address) Bethesda Md

15 Filed AUG 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jany 8, 1929, that I last saw h alive on Jany 7, 1929 and that death occurred, on the date stated above, at 1 a m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thelma F. Guthmann, M. D.

, 19 (Address) 6 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Angel [redacted] Mayland Co	8/10 1929
UNDERTAKER	ADDRESS
C. Madison Williams	Havre de Grace Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41263

CERTIFICATE OF DEATH

101-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Hamburg ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susanna McGill

(a) RESIDENCE NO. 115 N Hamburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter McGill

6 DATE OF BIRTH (month, day, and year) Jan- 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hmsboro Md.

PARENTS

10 NAME OF FATHER Estey Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hmsboro Md.

12 MAIDEN NAME OF MOTHER Lila Burrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hmsboro Md

14 Informant Walter McGill

(Address) 115 N Hamburg St

15 FILED 1929 C. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929 to Jan 4, 1929

that I last saw her alive on Jan 6, 1929

and that death occurred, on the date stated above, at 5.10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Taylor M. D.

1/7, 1929 (Address) 1522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hmsboro Md.	1/8/29 19
20 UNDERTAKER Nathaniel Townsley	ADDRESS 578 N Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

E 41264

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001

E 41264

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Elliott St. No-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME IVA. E. McKEWEN

(a) RESIDENCE NO. 3406 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 18-1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert McKewen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mother

(Address) 3406 Elliott St

15 FILED 1929 C. HARRISON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8-1929

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1929 to 1/8, 1929 that I last saw h[illegible] alive on 1/7/29, 19 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/8/29 (Address) 301 S Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	Jan 9 1929
20 UNDERTAKER	ADDRESS
George W. Zibler	1737 E. Eager St

Spec.—1-12-23—M&T—500 Bks.

E 41265 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. B.) ST. (WARD) 17-250 31

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Byrne

(a) RESIDENCE NO. 386 E. 31st st. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Byrne

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Thomas Byrne
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Esther Roberts
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address)

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to Jan. 7, 1929,
that I last saw him alive on Jan. 7, 1929
and that death occurred, on the date stated above, at 2.15 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.
1-7-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.
DATE OF BURIAL 1/10 1929
20 UNDERTAKER Mary M. Wiedefeld.
ADDRESS 59 E. 22 St.

Spec.—1-10-21—M&T—1500 Bks.

E 41266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41266

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 404 E Preston ST. 11-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm D Warwick Sr

(a) RESIDENCE NO. 404 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Warwick

6 DATE OF BIRTH (month, day, and year) Jan 20 1854

7 AGE Years 74 Months 11 Days 16 If LESS than 1 day, hrs. or min. 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm D Warwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary C Warwick

(Address) 404 E Preston

15 FEB 8 1929 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6th 1929

17

I HEREBY CERTIFY, That I attended deceased from August 1928 to Jan. 6th 1929,

that I last saw him alive on Jan. 6th 1929,

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(primary)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) General carcinomatosis

(duration) indefinite ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Section from growth

(Signed) John R Logan, M. D.

19 (Address) 7 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 2/9/29

20 UNDERTAKER Geo A Farley

ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 41267

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Enroute to

City of BALTIMORE: (No. Hopkins Hospital St. 26-58 Ward)

2-FULL NAME Randolph Chalk

(a) RESIDENCE NO. Phila. Road nr Maple Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Chalk

6 DATE OF BIRTH (month, day, and year) Oct 6/1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Long Green, Md.

PARENTS

10 NAME OF FATHER Zenus Chalk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER ---- Guyton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Alese Sterrett (daughter)

(Address) Phila Road nr Maple Ave

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis (chr)

(Stricken on Street Car)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Jones (Coroner) M. D.

1/8/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove, Date of Burial Jan/11929

20 UNDERTAKER Butts Co. Inc ADDRESS Towson

John Burns Sons

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41268 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41268

CERTIFICATE OF DEATH

1—PLACE OF DEATH University Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 4-30 ST. (or WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Ehlers.

(a) RESIDENCE NO. ST. Granite Balto Co. Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E. Wilmer Ehlers.

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Somerfield Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Swann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wilmer Ehlers

(Address) Granite, Md

15 Filed 8-1929, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1929, to Jan 7th, 1929, that I last saw h[illegible] alive on Jan 7th, 1929 and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast c metatasis to liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Granite. Balto Co

Did an operation precede death? Yes. Date of Jan 7th

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) E. G. Warner, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Victoria, Md	1/11, 19 29
20 UNDERTAKER Wm E Cook	ADDRESS 2172 E Pratt St

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41269

CERTIFICATE OF DEATH

161-801

E 41269

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) Colrain & Saratoga Sts. (Ward) 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Mercy Hospital

2-FULL NAME Baby Girl B. Roche.

(a) RESIDENCE NO. 600 Eutaw Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 7-1929

7 AGE: Years Months Days — IF LESS than 1 day hrs. or 10 min.: 10 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: P. Beauregard Roche.

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Katherine Dougherty

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto, Md

14 Informant: Father

(Address): Same.

15 Filed 1929 C. HAMILTON JOHNS, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan 7-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 19 29, to Jan 7, 19 29,

that I last saw her alive on Jan 7, 19 29,

and that death occurred, on the date stated above, at 4 05 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth - 6 mon - 20 days

Imma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? By Examination.

(Signed) Frank K. Morris, M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial 1/31 1929

20 UNDERTAKER: H. Brauning & Son — ADDRESS 1136 Poplar Grove St

very important. See instructions on back of certificates.

8

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41270

CERTIFICATE OF DEATH

161-001

E 41270

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital, Balto. St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl (A) Roche

(a) RESIDENCE NO. 600 Calvert ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1929

7 AGE	Years	Months	Days	IF LESS than 1 day 20 hrs. or ..... min..
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER R. Beauregard Roche

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Dougherty

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Mother

(Address) Same

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

8 1929 By ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 Jan. 8

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929, to Jan. 8, 1929.

that I last saw her alive on Jan. 8, 1929.

and that death occurred, on the date stated above, at 11.30 A. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY —

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) Frank T. Bosse, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial 1/9/1929

20 UNDERTAKER H. Brauning's Son — ADDRESS 1136 Poplar Grove St.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41271

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Ryan Street WARD)

REGISTERED NO. 11-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Tilling

(a) RESIDENCE NO. 914 Ryan Street WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Tilling

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs E O'Phillips

(Address) 914 Ryan St

Filed 1929, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7- 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-6- 1929, to 1-7- 1929, that I last saw h- alive on 1-7- 1929, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E Davis, M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 1/10 1929

20 UNDERTAKER Wm Cook

ADDRESS 1715 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Glentz 3244 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41272

CERTIFICATE OF DEATH

48 E 41272

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 510 S. Clinton ST. 762 WARD)

2—FULL NAME William Beaver

(a) RESIDENCE NO. 510 S Clinton ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Rosie Beavers

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Repairer

(b) General nature of Industry, business, or establishment in which employed (or employer) 076

(c) Name of employer City of Balt

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm Beaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Barbara Brightwell

(Address) 510 S Clinton St

15 — Filed 1929 19 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Jan 6, 1929, that I last saw him alive on Jan 6, 1929 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of face.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secundary) Carcinoma of liver

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) Frank A. Glentz, M. D.

1/7 1929 (Address) 3244 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Elm	1/9 1929
20 UNDERTAKER W M Cook	ADDRESS 1217 S Paca St

Cor.—12-9-25—A Co.—200 Bks.

E 41273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 McKewin Ave St. 9-47 Ward)

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A. McKinley

(a) RESIDENCE NO. 716 McKewin Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. McKinley

6 DATE OF BIRTH (month, day, and year) Oct 19-1894

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	34	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Schmidt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Mohler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash. D.C.

14 Informant Husband

(Address) 716 McKewin Ave

15 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation-Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) yrs. mos. ds.

(Signed) J. S. Mc... M. D.

(Coroner)

1-8-29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

Date of Burial 1/10 1929

20 UNDERTAKER J. Fus Mc Cully

ADDRESS 130 E Fort

8. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 41274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ben Brown

(a) RESIDENCE NO. 735 Brown ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	"			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drummer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Savannah Ga.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

3109

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928 to Jan 3, 1929, that I last saw h[illegible] alive on Jan 3, 1929, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis - Septicemia - Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Luther Leake, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

JAN 8 1929

Spec.—1-10-21—M&T—1500 Blks.

E 41275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-001 E 41275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 1257 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Theresa Osborne

(a) RESIDENCE NO. 1215 N. 42nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chas Osborne

6 DATE OF BIRTH (month, day, and year) Mar. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Albert Van Pelt

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Bridell

13 BIRTHPLACE OF MOTHER (city or town) N. Carolina
(State or country)

14 Informant Hospital Records
(Address)

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 7, 1929, that I last saw h-w alive on Jan 7- 1929, and that death occurred, on the date stated above, at 718 A.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia (Influenzal type)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Miscarriage (7½ mos) 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) ..... M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Govdo DATE OF BURIAL Jan 8 1929

20 UNDERTAKER W S Marshall ADDRESS 3539 Falls Rd

Spec.—2-29-28—L. F. S.—500 Bks.

E 41276 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 V

E 41276

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 17-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Lee Henson Eubanks

(a) RESIDENCE NO. 548 Mulberry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	12 da 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Eubanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Florence Henson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Florence Henson
(Address) 548 Mulberry St.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Jan 7, 1929, that I last saw h er alive on Jan 7, 1929 and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis
(Primary focus of Tuberculosis not found)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) None Known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 545 Mulberry St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & Spinal puncture

(Signed) Addison Croft Dely M. D.

(Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	June 9 1929
20 UNDERTAKER Daniel Easton	ADDRESS 966 Penn. Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41277

CERTIFICATE OF DEATH.

101-001 E 41277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST., 1700-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Eleanor Labanz

(a) RESIDENCE NO. 318 S. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Rausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Julius L. Labanz

(Address) 318 S. Fremont St

15 Filed NOV 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-27, 1928, to 1-8, 1929.

that I last saw her alive on 1-8, 1929.

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Dipg. Augustine F. Von Schrader

19 Signature Address 530 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cathedral	June 11 1929

20 UNDERTAKER Mr. Miss Inc. ADDRESS 2512 Harford Ave

THIS IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41278

CERTIFICATE OF DEATH

11-001

E 41278

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 2604 Fait Ave. ST. 1-3 WARD)

2—FULL NAME Frances Schmied

(a) RESIDENCE NO. 2604 Fait ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE William

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Pete Jaczalo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Wm. Schmied

(Address) 2604 Fait Ave

Filed JAN 8 1929 BRAXTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-29

17 I HEREBY CERTIFY that I attended deceased from Dec 31 . 1928. to Jan 7 . 1929.

that I last saw h alive on Jan 7 1929

and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

. 19 (Address) 3034 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL Jan 10 1929

20 UNDERTAKER F W Ozazewski

ADDRESS 1730 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41279

CERTIFICATE OF DEATH

90

E 41279

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2610 Foster Ave. ST., 1-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnacy Kulacki

(a) RESIDENCE NO. 2610 Foster Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Kulacki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Sank.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Leo. Kulacki

(Address) 3218 Hudson St.

15 Filed [illegible] 1929. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 - 29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929, to Jan. 9, 1929, that I last saw him alive on Jan. 9, 1929, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(Terminal)
(duration) yrs. mns. 1 ds.

CONTRIBUTORY (Secondary) Chronic cardio-nephritis
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kiger, M. D.

19 (Address) 2627 Eastman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus | DATE OF BURIAL: Jan 10 1929.

20 UNDERTAKER: F W Cazenski | ADDRESS: 1930 Eastern Ave

Spec.—1 12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41280

CERTIFICATE OF DEATH.

145

E 41280

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 125 W. Lafayette Ave ST. 11-20 WARD)

2-FULL NAME James Bailie Warden

(a) RESIDENCE NO. 125 W. Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? 69 yrs. 1 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec-2-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	69	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Vice-President 026

(b) General nature of industry, business, or establishment in which employed (or employer): J. Hopper-Mayer

(c) Name of employer: Company

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James Warden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Sophia D. Herring

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Miss Ella Louise Warden (sister)
(Address) 125 W Lafayette Ave

15 Filed 1929 16 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 7 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1927, to Jany 7 1929, that I last saw him alive on Jany 7 1929, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Rectum -

about 3 yrs — mos — ds.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes, Date of Aug 1926.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas W. Larned, M. D.

Jan 8 1929 (Address) 1327 Park - Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Mount Cemetery	Jan 9 1929.
20 UNDERTAKER	ADDRESS
Stewart & Mosen Co	Balto.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41281

CERTIFICATE OF DEATH.

31 E 41281

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 26-37 Ward)

2-FULL NAME Frank Gonzales

(a) RESIDENCE NO. 3426 Bank St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6 190[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Work

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Spain

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Spain

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Spain

14 Informant Giovanni Schieffino

(Address) 417 E. Baltimore St

15 Filed Geo Harrison Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

All Unknown

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

17a (Address) 1426 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthais — Date of Burial Jan 9 192[illegible]

20 UNDERTAKER Frank V Pipitone — ADDRESS 2017 E Baltimore

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Vandaweer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41282

CERTIFICATE OF DEATH

129 ✓

1—PLACE OF DEATH

REGISTERED NO. 41282

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 507 N. Montford Ave WARD 10)

2—FULL NAME Catherine Vandaweer.

(a) RESIDENCE NO. 507 N Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The Late John C. Vandaweer

6 DATE OF BIRTH (month, day, and year) Dec 21-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Cunningham

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Elsie Dorothy

(Address) 507 N Montford Ave

Filed JAN 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-29

17 I HEREBY CERTIFY, that I attended deceased from Dec 1-28 to Dec 1-28 that I last saw h alive on Dec 1-28 and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Paralysis of the Palsied Heart

Cerebral Hemorrhage

Arterio Sclerosis

Chronic Cardiac Dilatation

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) F. H. Ruffner M. D.

(Address) 1024 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Jan 10 19 29
UNDERTAKER	ADDRESS
Mrs C. Miller & Son	2334 Jefferson

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41283

CERTIFICATE OF DEATH

11-001 E 41233

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2123 St Clair St. (or) 8/16 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Larson

(a) RESIDENCE NO. 2123 St Clair ST., Lane WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 15 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mamie Larson

6 DATE OF BIRTH (month, day, and year) Aug 25-1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Peter Larson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Mamie Larson

(Address) 2123 St Clair Lane

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929, to Jan 8, 1929, that I last saw him alive on Jan 8, 1929 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) W. E. Hedner, M. D.

Jan 9, 1929 (Address) 301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 12 1929
20 UNDERTAKER Wm C Miller & Son	ADDRESS 233 N Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

Willie Gladdon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41284

99-00

E 41284

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18)

1-PLACE OF DEATH

City of BALTIMORE: (No. 409 N. McAllister Ct St., 17 Ward)

2-FULL NAME Willie Gladdon Gladden

(a) RESIDENCE NO. 409 N. McAllister Ct St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years / Months 2 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER H. Gladden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ~~Md~~ Va

12 MAIDEN NAME OF MOTHER B. Maddox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant B. Gladden

(Address) 409 N. McAllister

15 Filed Jan 8 1926 C. Parran Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Sunday

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

(Signed) C. P. Jones M. D.

(Coroner)

Jan 8 , 19 (Address) 1039 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial Jan 7, 1926

20 UNDERTAKER Mrs. M. E. Elliott ADDRESS 1712 Eastern Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41285

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Edmondson Ave. ST.) 19-76 WARD)

2-FULL NAME Wm Johnson

(a) RESIDENCE NO. 511 Edmondson Ave ST. — WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amanda Johnson

6 DATE OF BIRTH (month, day, and year) — — 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md

12 MAIDEN NAME OF MOTHER Elizabeth Stinnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant John Johnson (Address) 511 Edmondson Ave

15 Filed ..., 19... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from 11/67, 1928, to Jan 6, 1929, that I last saw h[illegible] alive on Jan 6th, 1929, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Organic Heart disease

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

'18, 1929 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Jan 10 1929

20 UNDERTAKER Samuel Wesley ADDRESS Biddle

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41286 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41286

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Penna. Ave ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hostilla Calvin

(a) RESIDENCE NO. 1617 Penna. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — — 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jeffersville Md

PARENTS

10 NAME OF FATHER Marcellus Dashields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Ireland

(Address) 715 Bowen St. H. B.

15 Filed JAN 9 1929 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1929, to Jan 6th, 1929, that I last saw her alive on Jan 8th, 1929, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Stomach trouble

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elliott, M. D.

1/13, 1929 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mantuoke Md

DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Edward J. Kinsley

ADDRESS Mt Eddie

FROM BACK OF CERTIFICATE. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Lansey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41287

CERTIFICATE OF DEATH.

91-002 E 41287

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Park St. 11-24 WARD)

2-FULL NAME Deborah A. Lansey

(a) RESIDENCE NO. 1123 Park ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Edward

6 DATE OF BIRTH (month, day, and year): ? 1850

7 AGE: Years 78; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Josiah Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ella Fossett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): J. Edward Lansey 1123 Park ave

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec / 1928, to Jan 8 1929.

that I last saw h[illegible] alive on Jan 7 1929,

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Atherosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry T. Covey, M. D.

, 19 (Address) Highland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 1/11/1929

UNDERTAKER: Mrs. Geo. R. Holland — ADDRESS: 1631 Druid Hill

JAN 9 1929 HARRISON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 41288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 41288

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 Baker St., 15-19 Ward)

2-FULL NAME Granville Beverley

(a) RESIDENCE NO. 604 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Nov-14-1927.

7 AGE: Years 1 | Months 1 | Days 24, 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Harrison Beverley

11 BIRTHPLACE OF FATHER (city or town) Essex Co.

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Pearl Williams

13 BIRTHPLACE OF MOTHER (city or town) Smithfield Co.

(State or country) Virginia

14 Informant Harrison Beverley.

(Address) 604 Baker St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 8 - 1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec - 31 - 1928, to Jan 8 - 1929, that I last saw him alive on Jan - 8 - 1929, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Roland, M. D.

1-8-, 1929. (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 1/9/ 1929

20 UNDERTAKER: Mrs. Lee H. Holland — ADDRESS 1631 Druid Hill

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41289 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41289

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 E. Bradt ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Cohen

(a) RESIDENCE NO. 1403 E. Bradt ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cohen

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Aaron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: M. S. Rosenberg

(Address) 2200 E. Baltimore St

15 JAN 9 1929 JAMES H. JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-8-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 19 29, to Jan 8, 19 29, that I last saw him alive on Jan 8, 19 29, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. J. Boylan M. D.

1/8, 19 29 (Address) 2070 Eutaw Pl

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale DATE OF BURIAL: Jan 9 19 29

20 UNDERTAKER: Jacob Lewis ADDRESS: 1439 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 41290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 41290

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 E Lafayette Ave. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E Blades.

(a) RESIDENCE NO. 1601 E Lafayette Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16 1901

7 AGE: Years 27. Months 2 Days 21 If LESS than 1 day, hrs. or min. 22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cram Baker's Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Fairchild. Md. St Michel. Md.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: B. M. Blades.

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Michael Md.

12 MAIDEN NAME OF MOTHER: Mary E Shields

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elizabeth V. Deal.

(Address) 2632. Hanover ave.

15 Filed JAN 9 1929 WILLIAM J. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 9 1928 to Jan 7 1929; that I last saw h[illegible] alive on Jan 7 1929 and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Bilateral

Influenza

CONTRIBUTORY (Secondary) Asthma (duration) yrs. mos. 10 ds.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) L. D. McCarthy M. D.

1/8/ 1929 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michel. Talbot. Co.

DATE OF BURIAL: Jan. 9. 1929

20 UNDERTAKER: Geo. L. Ruth.

ADDRESS: 1735 Harford a

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41291

CERTIFICATE OF DEATH.

101-001

E 41291

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Lying Hospital St., 2-E Ward)

2-FULL NAME Thos. Marshall

(a) RESIDENCE NO. 503 S Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 15 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Black

(b) General nature of industry, business, or establishment in which employed (or employer) Smith.

(c) Name of employer Holland.

9 BIRTHPLACE (city or town)

(State or country) N. C.

PARENTS

10 NAME OF FATHER Thos. Marshall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant F. Holland

(Address) 320 N. Eden St

15 Filed JUN 9 1929, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Collapse

(duration) yrs. mos. ds.

(Signed) G. B. Cates M. D.

(Coroner)

19 6/7/29 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial Jun. 9 1929

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford Av

very important. See instructions on back of certificate.

Spec.—1-29-28—L. F. S.—500 Bks.

E 41292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41292

1—PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 237 S Anna St ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Madejska

(a) RESIDENCE NO. 237 S Anna St ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor D $0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Madejski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Kulinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mary Madejska

(Address) 237 S Anna St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1929, to Jan. 7, 1929, that I last saw her alive on Jan. 6, 1929, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(duration) yrs 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William J. Rydzewski M. D.

, 19 (Address) 801 N. EUTAW AVENUE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Jan 10	1929
20 UNDERTAKER	ADDRESS
John M Weber	701 S Chester St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41293

CERTIFICATE OF DEATH.

E 41293 CERTIFICATE OF DEATH

7H-001

Registered No.

City of BALTIMORE: (No. 3110 Virginia Ave St. 27/56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Michael Joseph O'Hare

(a) Residence No. 3110 Virginia Ave — St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Josephine O'Hare

6-DATE OF BIRTH (month, day and year) Dec. 6, 1852.

7-AGE. 76 yrs. 1 mos. 2 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. retired 06

(b) General nature of industry, business, or establishment in which employed (or employer). Blacksmith

(c) Name of employer.

9-BIRTHPLACE (city or town). Richmond, Va.
(State or Country),

PARENTS.

10-NAME OF FATHER. Michael O'Hare

11-BIRTHPLACE OF FATHER (city or town). Ireland.
(State or Country),

12-MAIDEN NAME OF MOTHER. Catherine Burns

13-BIRTHPLACE OF MOTHER (city or town). Ireland.
(State or Country),

14- (Informant). Mrs. Lillian Romaine

(Address). 3918 Woodbine Ave.

15- Filed JAN 9 - 1929 HARRISON JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 8, 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1929 to Jan. 8th, 1929.

that I last saw him alive on Jan. 7, 1929

and that death occurred, on the date stated above, at 4 1/2 a.m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

cerebral hemmorhage

(Duration) yrs. mos. 8 ds

CONTRIBUTORY (Secondary) cardiac failure

(Duration) yrs. mos. 1/2 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual tests -

(Signed) George A. Kinipp M. D

. 19 (Address) 3030 Edmondson Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Jan 10... 1929.

20-UNDERTAKER. Gallert P. McNamee ADDRESS 4114 Gallert Rd.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41294

CERTIFICATE OF DEATH

11-001

1—PLACE OF DEATH

REGISTERED NO. 27143

CITY OF BALTIMORE: (No. Sydenham Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marshall Paul Ipes

(a) RESIDENCE NO. 6400 Marietta Ave ST., (Hamilton)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 22 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7 mo	16 days	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hospital
(b) General nature of Industry, business, or establishment in which employed (or employer) Orderly
(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Ipes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helen Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14
Informant Annie Vogel
(Address) 6404 Marietta Ave.

15 Filed JAN 9 1929 William Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1929

17
I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 7, 1929,
that I last saw h alive on Jan 7, 1929
and that death occurred, on the date stated above, at 1.05 a m.

The CAUSE OF DEATH* was as follows:

Influenza 8 days duration
Lobar Pneumonia 6 days duration
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical findings + X-ray

(Signed) Addison Craft Irby, M. D.

1-7, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Jan 10 1929

20 UNDERTAKER ADDRESS

W E Lapp 37 Lex

Spec.—1-12-23—M&T—500 Bks.

E 41295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41295

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Parish ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Murray

(a) RESIDENCE No. 519 N. Parish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Murray

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benjamin Murray

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Norman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Benjamin Murray

(Address) 931 W. Franklin St.

JAN 8 1929 Registered Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929, to Jan. 6, 1929

that I last saw him alive on Jan. 6, 1929

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Bi- lateral

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter [illegible] Jackson, M. D.

, 19 (Address) 1031 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan 9, 1929
20 UNDERTAKER Mrs. Kate R. Williams	ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41296

CERTIFICATE OF DEATH.

57 E 41296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD)

2-FULL NAME Mrs Frances Ripley

(a) RESIDENCE NO. 1430 Towson st. ST., 24, 35 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Ripley

6 DATE OF BIRTH (month, day, and year) Oct 1 1866

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	62	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Wm Ripley

(Address) 1431 Towson St

15 Filed JAN 9 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1928, to 1-8-, 1929.

that I last saw he alive on 1-8, 1929

and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene - Amputation Right Ft

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-8-29.

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Augustine P. Von Schulz M. D.

(Address) 1530 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	Jan 11 1929
20 UNDERTAKER Chas L. Edmunds	ADDRESS 15-9 E Fort

IRON is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41297

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-10-3

E 41297

REGISTERED NO.

City of BALTIMORE: (No. 1116 B. Gen Hosp. St., 15-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Levine

(a) RESIDENCE NO. 4338 Resterstown Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Levin.

6 DATE OF BIRTH (month, day, and year): Sept 30-1892

7 AGE — Years: 36 Months: 3 Days: 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Paul Levin

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant (Address): Esther Levin. 4338 Resterstown Rd.

15 Filed JAN 9 1929 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(duration) 3 hours

Automobile Accident.

(Secondary)

(duration) ds.

(Signed) H. L. Leuck M. D.

(Coroner)

Jan 9th 1929 (Address) 1111 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial: Jan 9 1929

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E. Baltimore St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓

E 41293

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 S. Dean ST., 716.39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth D. Leonard

(a) RESIDENCE NO. 707 S. Dean ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 20 ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of T. Harry Leonard

6 DATE OF BIRTH (month, day, and year) April 17th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Andrew Freund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Herlde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant T. Harry Leonard Husband
(Address) 707 S. Dean St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3— 1929, to Jan 7— 1929, that I last saw h.. alive on Jan. 6— 1929 and that death occurred, on the date stated above, at 2 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Flu - Injection -

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) Frank C Bradley M. D.

, 19 (Address) 1255 Bolton —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 10th 1929

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41299

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. Kenwood Ave. 1-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Frances Furst.

(a) RESIDENCE NO. 622 S. Kenwood Ave. 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam L. Furst.

6 DATE OF BIRTH (month, day, and year) Oct. 21st 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Martin Steiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara E. Kleiner

(Address) 622 S. Kenwood ave.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 6, 1929, that I last saw h.. alive on Jan 5, 1929 and that death occurred, on the date stated above, at 3 40 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

CONTRIBUTORY (Secondary) ..... (duration) ....yrs. ....mos. 7 da.

18 Where was disease contracted ..... (duration) ....yrs. ....mos. ....da.
If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Life conditions

(Signed) D. Thomas, M. D.

1/7/29 (Address) 3015 Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Jan 10th 1929
20 UNDERTAKER	ADDRESS
D. Kelly-Zeller Inc.	403 S. Mount St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 ✓ E 41300

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Tilden ST., 26 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Marie Masson

(a) RESIDENCE NO. 3512 Tilden ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26th 1926

7 AGE — Years: 2 — Months: 1 — Days: 8 10 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Charles Masson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER Pearl Moltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

PARENTS

14 Informant Charles Masson,
(Address) 3517 Tilden St.

15 Filed JAN 9 1929 [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 - 29 to Jan 6 - 29.

That I last saw h alive on , 19

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) none yrs. mos. 3 ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Ammann M. D.

(Address) 1913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan 10th 1929

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41301 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 41301

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Leo St. E. Brooklyn WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Estell Myers

(a) RESIDENCE NO. 3712 Leo ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry R. Myers

6 DATE OF BIRTH (month, day, and year) June 3 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Michael Lightner

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Ford

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Harry R. Myers
(Address) 3712 Leo St. E. Brooklyn

15 Filed JAN 9 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8th 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1928 to Jan 7th 1929

that I last saw her alive on Jan 7 1929

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Kelly M. D.

Jan 8. 1929 (Address) 47 05 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 11 1928
20 UNDERTAKER Lilly & Geiser Inc.	ADDRESS 4033 O. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

41302 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191-001

E 41302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sagna Hosp. Balt. St. 1-9-28 ST. 4th WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Buckheit

(a) RESIDENCE NO. 1436 Dover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick W. Buckheit

6 DATE OF BIRTH (month, day, and year): June 10th 1886

7 AGE: Years 42 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Elkridge City Md

PARENTS

10 NAME OF FATHER: James Reynold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Rebecca Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Elkridge City Md

14 Informant: Mrs Neuschafer (Address) 2533 Lanvale St City

15 Filed JAN 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Jan 7 1929 that I last saw h[illegible] alive on Jan 7 1929 and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Bi Lateral Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. McErlean M. D.

(Address) Sagna Hosp Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL 1/10 1929

20 UNDERTAKER: Geo. DeBurr & Son ADDRESS 2503 Edmondson Ave

FROM IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41303

CERTIFICATE OF DEATH

60-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 7010 Northern Parkway ST., 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara V. Weber

(a) RESIDENCE NO. 7010 Northern Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): June 19, 1878

7 AGE: Years 50 Months 6 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER George B. Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Annie Bogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

PARENTS

14 Informant Mrs Emma Rogers

(Address) 7010 Northern Parkway

15 JAN 9 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Jan 7, 1929

that I last saw her alive on Jan 7, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mns. 14 ds.

CONTRIBUTORY (Secondary) Hypertheynoidism about 18 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert E. Webster, M. D.

Jan 9, 1929 (Address) 6709 Bel air Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 9 1929

20 UNDERTAKER: John Ulrich — ADDRESS: 1008 Cathedral

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41304

1—PLACE OF DEATH

CERTIFICATE OF DEATH

129

REGISTERED NO. E 41304

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 713 N. Appleton St. WARD)

2—FULL NAME Charles Joseph Franck

(a) RESIDENCE NO. 713 N. Appleton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 11 1877

7 AGE — Years: 51 — Months: 2 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Franck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Scheffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Miss Carrie Franck

(Address) 713 N. Appleton St.

15 Filed JAN 9 1929, 19

CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1921, to Jan 7, 1929

that I last saw him alive on Jan 7, 1929

and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis with hypertension

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Gastritis & Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thomas A. Latzin, M. D.

(Address) 3316 Ingleside Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: Jan 10 1929

20 UNDERTAKER: Jos Jacobsen Son — ADDRESS: 217 S. Pac...

Spec.—1-10-21—M&T—1500 Blks.

E 41305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129

E 41305

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Lakewood ave ST., 7-12 WARD)

2-FULL NAME Michael Vogel

(a) RESIDENCE NO. 816 N. Lakewood ave ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Barbara Vogel (Gross)

6 DATE OF BIRTH (month, day, and year) February 15, 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
39	10 11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer Charles Vogel

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Strassl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles Vogel
(Address) 816 N. Lakewood ave

15 Filed 1929 G. HAMPSON JONES, M. D. City Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1929

17 I HEREBY CERTIFY, That I attended deceased from January, 1929, to January 6, 1929, that I last saw him alive on January 6, 1929, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Tubal Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myo-Pericarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis etc

(Signed) Frank J. Ayd M. D.

Jan 9 1929 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 11 1929
20 UNDERTAKER	ADDRESS
William G. Schaffer	1816 Monument

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41306. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41306

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Erdman Ave ST., 8140 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles B. Kleinicke

(a) RESIDENCE NO. 3011 Erdman Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. ~ mos. ~ ds. How long in U. S., if foreign birth 68 yrs. ~ mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie B. Kleinicke

6 DATE OF BIRTH (month, day, and year) Aug. 1st 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mrs. Annie B. Kleinicke

(Address) 3011 Erdman Ave

Filed 1929 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 8, 1929, that I last saw him alive on Jan 8, 1929 and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis, chronic

Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

1/9, 1929 (Address) 2200 E. McElderry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 11 1929
20 UNDERTAKER	ADDRESS
Henry Hoen & Son	1301 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

Connally

E 41307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41307

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 10-14 WARD)

2-FULL NAME Mrs Barbara Connolly

(a) RESIDENCE NO. 1014 N. Central Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 1 mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Patrick J. Connolly

6 DATE OF BIRTH (month, day, and year) Jan. 31 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Martin F. Hentzen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sophia J. Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr Patrick J. Connolly

(Address) 1014 N Central Ave

15 Filed 1929 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/27 . 1928 . to 1/8 . 1929 ;

that I last saw h[illegible] alive on 1/8 . 1929 ,

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation;

Pneumonia (influenza)

(duration) yrs. mos 1 4 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sign & Symptoms

(Signed) J. H. Hodges M. D.

1/9, 1929 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 11 1929
20 UNDERTAKER	**ADDRESS**
Henry Hood Son	1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41308

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 Harford Ave. ST., (WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME (Bridget) Bee Fitzgerald

(a) RESIDENCE NO. 726 Harford Ave ST., 10-14 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if foreign birth? 62 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Patrick Fitzgerald

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael McKew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Eagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. John Delaney

(Address) 726 Harford Ave

15 Filed 1929, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 7, 1929, that I last saw h alive on Jan 7, 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) A. G. Hamilton, M. D.

1/2, 1929 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs Cemetery Govans Md.	Jan. 10 1929
20 UNDERTAKER	ADDRESS
Henry Storck Son	1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 41309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 41309

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 26-41 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis C. Hoffman

(a) RESIDENCE NO. 113 Glenmore Ave., Raspburg Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15/1916

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	12	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jual A. Hoffman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary B. Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) France

14 Informant Louis Schmitt

(Address) 113 Glenmore Ave

15 FILED 1929 BY [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 7/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) did that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. base of skull-
Accidently collided with boy pedestrian & fell off his bicycle
Belair Rd nr Kelly (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
(Coroner)

1/8/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Jan. 10 1929

20 UNDERTAKER Henry Hauck Son ADDRESS 1301 E Eager St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41310

CERTIFICATE OF DEATH. 161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., WARD)

2-FULL NAME Baby Boy Brown

(a) RESIDENCE NO. 1017 Sterrett ST., 21-29 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	newborn

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 3 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Clyde

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kane, Penn

12 MAIDEN NAME OF MOTHER ~~Nellie~~ Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) father JOHNS

15 Filed JAN 9 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan 7, 1929, that I last saw he alive on Jan 7, 1929, and that death occurred, on the date stated above, at 8:25 A m.

The CAUSE OF DEATH* was as follows:

Intra cranial hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? symptoms

(Signed) A Rattenni M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

Clerk of Health. JAN 9 1929

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 41311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (T. B.) WARD) 22-30 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Yockey

(a) RESIDENCE No. 530 Hanover st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
53	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER T.J.Yockey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Sarah Yockey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Hospital Records (Address)

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1929, to Jan. 4 1929,

that I last saw him alive on Jan. 4 1929,

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Henry C. Smith M. D.

1-5, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred and shipped DATE OF BURIAL

20 UNDERTAKER E. Ottawa Ill. by Wm. E. Schafer, mar. 8/1929 ADDRESS 19

1516 E. Monument st

JOHNS HOPKINS HOSPITAL JAN 5 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41312

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 22-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eustace Plunkett

(a) RESIDENCE NO. 80 S So Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica, B.W.I.

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records of BALTIMORE CITY HOSPITALS Address [redacted]

15 Filed [redacted] JAN 9 1929 JAMESON JOHNS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-29

17 I HEREBY CERTIFY, That I attended deceased from 1-1, 1929, to 1-3, 1929, that I last saw him alive on 1-3, 1929, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Laboratory

(Signed) Joseph E. Moran, M. D.

Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL JAN 9 - 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41313

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 26-37 WARD)

2—FULL NAME Alexander McLauren

(a) RESIDENCE NO. 501 Sporrows ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widd

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oregon

PARENTS

10 NAME OF FATHER Alexander McLauren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oregon

12 MAIDEN NAME OF MOTHER Mary McKenzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Oregon

14 Informant Records of BALTIMORE CITY HOSPITALS

15 Filed 9 1929 EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-29.

17 I HEREBY CERTIFY, That I attended deceased from 12-27 . 1928 . to 1-5 . 1929.

that I last saw him alive on 1-5 1929

and that death occurred, on the date stated above, at 10:50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray & Laboratory

(Signed) John B. Hirsch M. D.

19 (Address) JOHNS HOPKINS HOSPITAL

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—2-29-28—L. F. S.—500 Bks.

E 41314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 41314

1—PLACE OF DEATH Bacto City Hospls. REGISTERED NO.

CITY OF BALTIMORE: (No. 1 Bacto Md. ST., N-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Blanche Adkins

(a) RESIDENCE NO. Unknown ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bacto City Hospt

(Address) Baltimore Md

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—8—29

17

I HEREBY CERTIFY, That I attended deceased from 12—20, 1928 to 1—8, 1929.

that I last saw h[illegible] alive on 1—7—, 1929

and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx

Disease 8 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Pathological

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

1/8, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS JAN 9 - 1929

Cor.—12-9-25—A Co.—200 Bks.

E 41315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

178 E 41315

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., N-37 Ward)

2-FULL NAME Robert Doyle

(a) RESIDENCE NO. Unknown (Wayfarer) St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).... Wagabond

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto City ?

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) unknown

14 Informant .....

(Address)

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

1929 DEC NOV 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1-2 3/0 Bruises over Breast part & Body

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) C. Harrison Jones, M. D.

(Coroner)

1928, (Address) Court Charles & Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Fell in front of truck

Former or usual residence unknown

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial JAN 9 1929

20 UNDERTAKER

ADDRESS

Commissioner Health

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41316

CERTIFICATE OF DEATH. 11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. ST. (WARD) 4.V

2-FULL NAME Addie Scott

(a) RESIDENCE NO. 672 West Fairmount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknow

6 DATE OF BIRTH (month, day, and year)

7 AGE: 39 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: St Josephs Hospital Record (Address)

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

3116

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4 1929, to Jan. 6 1929, that I last saw h[illegible] alive on Jan. 6 1929, and that death occurred, on the date stated above, at 2 55 P m.

The CAUSE OF DEATH* was as follows: Influenza & Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Hundley M. D.

Address St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 9 - 19

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41317

CERTIFICATE OF DEATH. 101-001

E 41317

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 245 S. Caroline St St., _____ Ward) 3 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. 245 S Caroline St St. 3 4 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Records

(Address)

15 1929 C. HARTMAN JONES, M.D.

3117 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Hollman, M. D.
(Coroner)

1/6/29 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

JAN 9 - 1929

very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41318 66 E 41318

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fritz Wohlgemuth (Alias Louis Miller)

(a) RESIDENCE NO. 400 W. Camden St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

important. See instructions on back of certificate. Exact statement of OCCUPATION necessary. Every question must be properly answered. Every certificate must be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Police Dept.
(Address) Balto. Md.

15 Filed 19 Registrar

1929 3118

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gilbert, M. D.

1/8, 1929. (Address) 2139 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner of Health
MORGUE

Spec.—1-12-23—M&T—500 Bks.

E 41319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 725 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Berton Morris

(a) RESIDENCE NO. 2715 Mazel Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race Horse Rubber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Orleans, La.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14
Informant
(Address)

15
Filed 1929 19
3119
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1929.

17

I HEREBY CERTIFY, That I attended deceased from 8:45 PM 1/2/, 1929, to 1 AM, 1/4/, 1929, that I last saw him alive on 1/3/, 1929, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Hypertension & Epilepsy
Delirium Tremens
with Exhaustion and Heart Failure. (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Turnbull, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
MEDICAL SCHOOL
Department of Preventive Medicine

Spec.—1-12-23—M&T—500 Bks.

E 41320 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1940 E 41320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sisters of the Poor St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Downey

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	(Widowed)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Connor Downey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Sheehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sisters of the Poor (Address) Preston & Valley St

15 Filed 1929 G. HAMPSON JONES, M. D. By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 Jan 1929

17 I HEREBY CERTIFY, That I attended deceased from Novemb, 19 , to , 19 29 ,

that I last saw her alive on 6 Jan , 19 29 ,

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous disease of heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. A. Warner, M. D.

June 9, 1929 (Address) 133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL Jan 10, 1929

20 UNDERTAKER Rider Windsor ADDRESS 14 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dachau

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41321

CERTIFICATE OF DEATH

11-002 E 41321

1—PLACE OF DEATH 1418 E Baltimore St

CITY OF BALTIMORE: (No. Anna Fuchs ST., 6-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Fuchs

(a) RESIDENCE NO. (Usual place of abode) 1418 E Baltimore ST., WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Fuchs

6 DATE OF BIRTH (month, day, and year): April 6 1860

7 AGE — Years: 68 | Months: 9 | Days: 1 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home 037

(c) Name of employer: At Home

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Christian Schuchle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Bayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mr Robert Fuchs (Husband)

(Address): 1418 E Baltimore St

Filed 1929 19 C. HARTSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 7, 1929, that I last saw her alive on Jan 7, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 3 ds.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Lee Fox, M. D.

1/8, 1929 (Address) 2711 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 10 1929

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St & Boundary

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41322

CERTIFICATE OF DEATH

101-001 E 41322

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1807 Eastern Ave. ST. 2-4 WARD)

2—FULL NAME JACOB C. ANTONIE

(a) RESIDENCE NO. 1807 Eastern Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of - -- -

6 DATE OF BIRTH (month, day, and year) October 15, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sign Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 0 50

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER William Antonie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elizabeth Dalmuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant: Mr. John G. Antonie (Nephew)

(Address) 1807 Eastern Ave.

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3d, 1929, to Jan 8th, 1929, that I last saw h[illegible] alive on Jan 8th, 1929 and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] F Guering, M. D.

Jan 9, 1929 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Cemetery

DATE OF BURIAL: Jan. 11. 19 29

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: BALTIMORE ST & BROADWAY.

Spec.—1-10-21—M&T—1500 Bks.

E 41323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-0.01 E 41323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (ST.) 1-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Muriel B Debelius

(a) RESIDENCE NO. 717 South Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph E. Debelius

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mabel Langhadt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Mabel Debelius (Mother)
(Address) 717 S. Port St.

15 Filed 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 7, 1929, that I last saw h alive on Jan 7, 1929, and that death occurred, on the date stated above, at 1 20 01 m.

The CAUSE OF DEATH* was as follows:

Pneumonia following influenza (Primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Edema Pulmonary (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Hendrix M. D.

St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan. 10, 1929
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS Baltimore St & Broadway

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41324

E 41324

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colored Aged Home.

CITY OF BALTIMORE: (No.) 207 N. Aisquith ST. 5-6 WARD)

2-FULL NAME William Edward Jenkins

(a) RESIDENCE NO. 207 N. Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Jenkins

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate

(b) General nature of industry, business, or establishment in which employed (or employer) Aged Home

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Eliza —

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co. Md (State or country)

14 Informant E. C. Jenkins (Address) 941 Pierce St

15 1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1928, to 1/6, 1929.

that I last saw him alive on 1/5, 1929.

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Chronic nephritis and Chronic myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? No

What test confirmed diagnosis? Urine + + +

(Signed) D. W. Frankenberg M. D.

1/8, 1929 (Address) 1 E — Fell —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 10, 1929

20 UNDERTAKER John W. Treadwell — ADDRESS 1237 Hanover Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41325

HEALTH DEPARTMENT—CITY OF BALTIMORE

101

E 41325

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., W 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Moore (Freedom)

(a) RESIDENCE NO. 3300 Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Tom Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Betty ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed 1929 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/29

17 I HEREBY CERTIFY, That I attended deceased from 10/24, 1928, to 1/7, 1929, that I last saw h— alive on 1/7, 1929, and that death occurred, on the date stated above, at 9,00P m.

The CAUSE OF DEATH* was as follows: Empyema (Rt Chest)

Generalized Peritonitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of 12/27/28

Was there an autopsy? Yes

What test confirmed diagnosis? Pus

(Signed) [redacted] M. D.

1929 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shiggaon, Surry Co. Va

DATE OF BURIAL Jan 11 1929

20 UNDERTAKER [redacted]

ADDRESS [redacted]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41326

CERTIFICATE OF DEATH.

101-001 E 41326

1-PLACE OF DEATH

City of BALTIMORE: (No. 30-69 West Baltimore General Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H, Mahaney

(a) RESIDENCE NO. 2247 West Fayette St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sedonia Mahaney

6 DATE OF BIRTH (month, day, and year) Do not Know

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Lodge B. P. O. Elks

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not obtainable

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not obtainable

14 Informant Wm. F. Mahaney

(Address) 2247 West Fayette St.

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. One da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Jan 11th Signed C. Hampson Jones M. D.

1929 (Address) Coroner (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 1/8 1929

20 UNDERTAKER Geo Weems Esdon ADDRESS 1052 N. Calvert St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41327

CERTIFICATE OF DEATH

57

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No.) Raynor Ave (Dukeman) ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Wilberforce Coston.

(a) RESIDENCE No. 1006 S. Ellwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	-	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER James Coston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Shirley Wall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. J. A. Forrest 3610 Park Heights Ave

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928, to Jan. 8, 1929.

that I last saw him alive on Jan. 8, 1929

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal-Vascular Disease.

Diabetes Mellitus. (duration) yrs. 15 mos ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia Pulmonary Edema (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. Carnahan, M. D.

1/8, 1929 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL Jan 11 1929

20 UNDERTAKER George F. Smith ADDRESS 1732 Holl

Cor.—12-9-25—A Co.—200 Bks.

Ford

E 41328

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 41328

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 Lemmon St., 13 Ward)

2-FULL NAME Elizabeth V. Ford

(a) RESIDENCE NO. 611 Lemmon St. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 3, 1857

7 AGE: Years 71 Months 7 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John T Ford

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Columbia Md

12 MAIDEN NAME OF MOTHER Edith Andrews

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant Mrs Jane E Lender

(Address) 611 Lemmon St

15 Filed ___ 19___ C. PLAYTON JONES, M. D. Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) and from the autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

5 J Hours

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) John H Emerson Coroner M. D.

1/9, 1929 (Address) 232 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Date of Burial Jan 9 1929

20 UNDERTAKER George E Smith ADDRESS 153 Hollins

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41329

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. N. 37

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas McAuliffe

(a) RESIDENCE NO. 177-S Ann St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) OHO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant .....

(Address) .....

15 Filed 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/29

17 I HEREBY CERTIFY, That I attended deceased from 6/26, 1926, to 1/7, 1929, that I last saw h[illegible] alive on 1/7, 1929, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

Chr. Myocarditis

Senility (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mns. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test cnnfirmed diagnosis?

(Signed) H. Wallace Stone, M. D.

1/9/29, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wyack, New York — DATE OF BURIAL Jan 10, 1929

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N Balto

Spec.—1-12-23—M&T—500 Bks.

E 41330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41330

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad ~~Schwartz~~

(a) RESIDENCE NO. ~~[illegible]~~ Burgundy ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Schwartz

6 DATE OF BIRTH (month, day, and year) ~~[illegible]~~ April 2, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	5	

8 OCCUPATION OF DECEASED Laborer

(a) Trade, profession or particular kind of work ~~[illegible]~~ 040

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary M. Gough

(Address) 1203 Carroll St.

15 Filed 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 19 29

17

I HEREBY CERTIFY, That I attended deceased from 12/28/28. 19 to 1/7 19 29.

that I last saw h/~~s~~ alive on Jan. 7, 19 29.

and that death occurred, on the date stated above, at 1115 P m.

The CAUSE OF DEATH* was as follows:

Neuralgia tuberculosa-
Hypertension and
Uraemia.

(duration) yrs mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. F. Lambath. M. D.

1/9 19 29 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 10 1929

UNDERTAKER Paul B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41331 E 41331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp (WARD) 15-66

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ella Nolan

(a) RESIDENCE No. 2311 Ruskin Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2, 1866 1863

7 AGE 62 Years 9 Months 6 Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Matron

(b) General nature of industry, business, or establishment in which employed (or employer) Sugar Refinery

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. City (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sheeran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Anna E. Sherman (Address) 2040 Wilkens Ave.

15 Filed 9 1929 . 19 C. Hayward Davis, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/29 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1929 to Jan 8 . 1929, that I last saw h[illegible] alive on Jan 8 . 1929 and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Chr. Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Sanbin, M. D.

1/8 19 29 (Address) West Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan. 11 1929

20 UNDERTAKER Joseph R. Cook

ADDRESS 1003 West Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 41332 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 41332

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 836 N Smallen ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse F Rufsnider

(a) RESIDENCE NO. 836 N Smallen ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6 DATE OF BIRTH (month, day, and year) Dec 17. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER John Riefsnide

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Honoria Fitzmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Clara Rufsnider

(Address) 836 N. Smallen

15 Filed 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1929 to Jany 9, 1929,

that I last saw him alive on Jany 8, 1929

and that death occurred, on the date stated above, at m

THE CAUSE OF DEATH was as follows:

(OR) F.C. Bowel

Intestinal Obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stanton J. Friedman, M. D.

1/9 1929 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem Frederick Md	Jan 11" 1929
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41333

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Light ST. 23-34 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel S. Thompson

(a) RESIDENCE NO. 1614 Light ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37.	11.	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter in lunch

(b) General nature of industry, business, or establishment in which employed (or employer) Counters.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER William P. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Evangeline Benton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant William Thompson, (Brother)

(Address) 126 E. Randall St.

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928 to Jan 8, 1929 that I last saw h alive on Jan 7, 1929 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. S. Campbell M. D.

Jan. 9, 1929 (Address) 644 Hamburg St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 10 1929
20 UNDERTAKER	ADDRESS
A. Edward Evans	38 E. Fort Ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41334

CERTIFICATE OF DEATH.

185 E 41334

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 15-21 Ward)

2-FULL NAME Melville P. Lewis

(a) RESIDENCE NO. 1902 W. Payson St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Lewis

6 DATE OF BIRTH (month, day, and year): Feb 3-1851

7 AGE — Years: 77 — Months: 11 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Winchester Va

(State or country)

PARENTS

10 NAME OF FATHER: Jas Lewis

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Mrs Ross Davis

(Address): 1902 W. Payson St

15 Filed.....19.....

Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Accident fell down steps.

(duration) yrs. mos. ds.

Filed (Coroner) T. C. Smith M. D.

1929 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — Date of Burial: Jan 10, 1929

20 UNDERTAKER: A Howard Evans — ADDRESS: 38 E Fort Ave

C. HARRISON JOHNS, Registrar

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41335

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Valley ST. 10-14 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael J. Gaffney

(a) RESIDENCE NO. 1131 Valley ST.,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Gaffney

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Produce

(c) Name of employer Dealer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thos. J. Gaffney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Miss Gaffney

(Address) 1131 Valley St.

15 Filed 9 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/29

17 I HEREBY CERTIFY, That I attended deceased (from 1/6, 1929 to 1/8, 1929) that I last saw him alive on 1/8/29 and that death occurred, on the date stated above, at 6:40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. J. Gaffney, M. D.

1/10/29 (Address) 627 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan. 11 1929
20 UNDERTAKER Rda Friedel	ADDRESS 947 Gregory Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41336

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 260 S Dallas St. ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Miller

(a) RESIDENCE NO. 260 S. Dallas St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Guilford Md.

PARENTS

10 NAME OF FATHER Michael Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Prus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Miller

(Address) 260 S. Dallas St.

15 Filed 1929, 19 C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 8, 1929, that I last saw h[illegible] alive on Jan 8, 1929 and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (acute)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Jan 11 1929
20 UNDERTAKER	ADDRESS
John M Weber	401 E Chester St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41337

CERTIFICATE OF DEATH.

167-001 E 41337

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Jaromczyk

(a) RESIDENCE NO. 2122 Fleet St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE — Years: 30 (31) — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor in Ship

(b) General nature of industry, business, or establishment in which employed (or employer): Yard

(c) Name of employer: do

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Jaromczyk

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Helen Sniegowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Helen Jaromczyk

(Address): 2122 Fleet St.

15 Filed ..... 19 1929 Oct

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas.
Suicide.
Open gas burner.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller M. D.
(Coroner)

1/9/ 19 29 Address 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

600 block W. Lombard St.,

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial: Jan 12 19 29

20 UNDERTAKER: Chas. H. Nelson & Co. ADDRESS: Chester St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4120 Walnut ST., 28-71 WARD) REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Va. Tribull

(a) RESIDENCE NO. same 4120 Walnut Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9-1914

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
14	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Tribull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Va Tadmun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant J. H. Tribull

(Address) Balto

15 Filed 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 7, 1929, that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 11 41 — m.

The CAUSE OF DEATH* was as follows:

Ca Lobar pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. A. Knell, M. D.

1/10, 1929 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Jan. 10 1929

20 UNDERTAKER George L. Schmidt ADDRESS 1201 Bush St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41339 X65-09 E 41339

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Silas Daniels

(a) RESIDENCE NO. Cedar Ave, Towson Md ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 3-1919

7 AGE: Years 9 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Silas Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Huff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: John Daniels

(Address): Towson Md.

15 Filed 1929 C. PARTSON JOHNS, M. D. By RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/9/29

17 I HEREBY CERTIFY, That I attended deceased from 12/4/, 1928, to 1/9, 1929, that I last saw h[illegible] alive on 1/9, 1929 and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Lymphoid Leukemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Henry Ginsburg, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem. Towson

DATE OF BURIAL: 1/12 1929

20 UNDERTAKER: John Burns

ADDRESS: Towson Md

Spec.—1-12-23—M&T—500 Bks.

E 41340 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41340

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Ridgewood Ave. ST., 2863 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Inez Roane

(a) RESIDENCE NO. 4215 Ridgewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Henry Nelson Roane

6 DATE OF BIRTH (month, day, and year) Apl 29/1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
51	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gloucester Co Va.

PARENTS

10 NAME OF FATHER Robert R. Roane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Lulla R Massey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Henry Nelson Roane

(Address) 4215 Ridgewood Ave

Filed JAN 9 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 19 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 7, 1929,

that I last saw h alive on Jan 7, 1929,

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable intestinal tuberculosis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum test

(Signed) F. S. White

, 19 (Address) Medical Bldg, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mathews Co Va — DATE OF BURIAL: Jany 10 1929

20 UNDERTAKER: Harry R Atwood — ADDRESS: 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

220145

E 41341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002 E 41341

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marjorie Barnett

(a) RESIDENCE NO. 306 Main St ST., WARD
(Usual place of abode) Meyersdale, Pa
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 1924

7 AGE — Years: 4 Months: 10 Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Ralph Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Agnes Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed N 10 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 14 1925 to Jan 10 1929, that I last saw her alive on Jan 10 1929, and that death occurred, on the date stated above, at 9 3/4 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (influenzal)

(duration) yrs. 2 mos ds.
CONTRIBUTORY (Secondary) operation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 1/19/24

Was there an autopsy? no Optional Diagnosis

What test confirmed diagnosis? culture

(Signed) G. Campbell Graham, M. D.

1/10 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Meyersdale Pa.

DATE OF BURIAL: Jan 10 1929

20 UNDERTAKER: John Allnutt

ADDRESS: 2000 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 41342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 41342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 13-59 Ward)

2-FULL NAME Paul J. Neer

(a) RESIDENCE No. 742 Reservoir St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 31, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: J. P. Neer & Son

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Joseph P. Neer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Helen T. Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Joseph P. Neer
(Address): 742 Reservoir Street

15 Filed JAN 10 1929 C. WATSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Jan 9, 1929, that I last saw him alive on Jan 9, 1929, and that death occurred, on the date stated above, at 11 25 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of 12/30/28

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) Jas. E. Stacy, Jr., M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 1/12 19 29

UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41343
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 41343
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) St. Agnes Hospital ST. [illegible] (WARD)

2-FULL NAME Henry H. Batzer Jr.

(a) RESIDENCE NO. Maiden Choice Lane ST. Relay WARD Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 28 - 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2 yrs.		1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland Balto Co.

PARENTS

10 NAME OF FATHER Henry Batzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland Balto Co.

12 MAIDEN NAME OF MOTHER Madeline Z Clemenes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Henry Batzer
(Address) Maiden Choice Lane Md

15 Filed N 10 1929 19 RAMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 19 29

17 I HEREBY CERTIFY, That I attended deceased from 12-4 . 1929 . to 1-8 . 1929 .
that I last saw him alive on 1-8 . 1929
and that death occurred, on the date stated above, at 8 10 A. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia Following Tracheotomy for Laryngeal Stenosis (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pyelitis Lumbar (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec. 15/28

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Joseph H. Bentz, M. D.
19 (Address) Relay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem (MD) DATE OF BURIAL 1929

20 UNDERTAKER [illegible] ADDRESS [illegible]

FROM IS Very Important. See Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41344

CERTIFICATE OF DEATH

90

E 41344

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1237 N. Carrollton Ave (ST.) (WARD)

2—FULL NAME Ferdinand Hahn

(a) RESIDENCE NO. 215-E-33d St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Hahn

6 DATE OF BIRTH (month, day, and year) Oct 23 1871

7 AGE: Years 57 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Ferdinand Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sheldon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herbert Hahn

(Address) 215 E 33d St

15 Filed JAN 10 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Apr 9, 1928, to Jan 7, 1929, that I last saw him alive on Jan 5, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebro sclerosis + myocarditis

(duration) 3 or 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Baumgardner M. D.

1/9, 1929 (Address) 626 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 10 1929

20 UNDERTAKER: Wm J Hickey Sons ADDRESS North & Pa

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41345

CERTIFICATE OF DEATH.

9

REGISTERED NO. E 41345

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Glock

(a) RESIDENCE NO. 3810 Bank St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 30/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Frank Glock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Michaels

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mother

(Address) 3810 Bank St

15 Filed NOV 10 1929 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Acute Congestion of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. ds.

(Signed) J. L. Kaiser M. D.

(Coroner)

1/8/29 Address 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial 1/10 1929

20 UNDERTAKER William Fawsons ADDRESS 118 Eastern Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41346

CERTIFICATE OF DEATH.

91-002

E 41346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N. Broadway 817 WARD)

2-FULL NAME Charles H. Evans

(a) RESIDENCE NO. 1701 N. Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Grace E. Evans

6 DATE OF BIRTH (month, day, and year) July 7 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	75	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Publisher 086

(b) General nature of Industry, business, or establishment in which employed (or employer) Publishing House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Yaeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant G Warfield Webb
(Address) 1701 N Broadway

15 Filed JAN 10 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from about 4 1928 to Jan 8 1929.

that I last saw h alive on Jan 8 1929.

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis

Some years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W J Riley M. D.

Jan 10 1929 (Address) 1657 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 10 1929

20 UNDERTAKER John B Spence ADDRESS 1325 N Caroline St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 41347

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 4400 Hamilton Ave, ST. N-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles J. Connery

(a) RESIDENCE NO. 4400 Hamilton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of

6 DATE OF BIRTH (month, day, and year) Feb 28-1879

7 AGE: Years 49 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

10 NAME OF FATHER: John. Connery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Agnes B Hanahee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Alice R Connell.

(Address) 2212 E. Hoffman st

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927, to Jan 3, 1929, that I last saw h... alive on Jan 2, 1929 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) 2 wks. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of Dec 23/27

Was there an autopsy? No

What test confirmed diagnosis? Patological Report

(Signed) Waitman M.D.

, 19 (Address) Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral cem.

DATE OF BURIAL: Jan. 10 1929

20 UNDERTAKER: Robt. J. Turner

ADDRESS 1442 N Broadway

Cor.—10-10-29—A Co.—100 Bks.

E 41348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180-001 E 41348

1-PLACE OF DEATH

City of Baltimore: (No. 705 S. Greene St., 7129 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Smith

(a) RESIDENCE NO. 705 S. Greene St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept - 26 - 1928

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Veale

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Annie Smith
(Address) 705 S Greene St

15 Filed [illegible] 19 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 c 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiated — By bed cover while asleep
Accidental death (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Peters M. D.

1/9, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 10 1929

20 UNDERTAKER Ernest Pree ADDRESS 1920 Hanover St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 41349

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 415 Lyman Ave., Govans ST., 27-48 WARD)

2—FULL NAME Ella C. Brodie

(a) RESIDENCE NO. 415 Lyman Ave., Govans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Brodie

6 DATE OF BIRTH (month, day, and year) July 9th. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Ledley

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14

Informant Charles A. Brodie

(Address) 501 Evesham Avenue

Filed Jan 10 1929 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jenuary 8th. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1918, to Jan. 8 1929, that I last saw h[illegible] alive on Jan 8 1929 and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute endocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoen. M. D.

1-8, 1929 (Address) 5600 York Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan. 10 1929
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fulleston

Spec.—2-29-28—L. F. S.—500 Bks.

E 41350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

E 41350

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1554 Boyle ST., 24-3 WARD)

2—FULL NAME Anna B. White.

(a) RESIDENCE NO. 1554 Boyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L White

6 DATE OF BIRTH (month, day, and year) Apr 3. 1879

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER William Waters

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Sagers

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Charles White. (Son)

(Address) 1554 Boyle

Filed JUN 10 1929 19 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1929.

17

I HEREBY CERTIFY, That I attended deceased from January 1. 19 28, to January 9. 19 29.

that I last saw h alive on January 5. 19 29

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Chronic Parenchymatous Nephritis.

(duration) 1 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Thos L. Stevens, M. D.

June 9. 19 29 (Address) 2875 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	6/12 1929
20 UNDERTAKER Chas L. Stevens	ADDRESS 1829 Park Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41351

CERTIFICATE OF DEATH.

185 E 41351

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 734 Bradley St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie Davis

(a) RESIDENCE NO. 734 Bradley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 48 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Elizabeth Chandler

(Address) 695 Pierce

Filed JAN 10 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull Accident Fell down stairs Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Witness) (Coroner) M. D.

Jan 6, 1929 (Address) North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence 734 Bradley.

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope

Date of Burial: Jan 10 1929

20 UNDERTAKER: Leonard Whalen

ADDRESS: 638 Pierce St

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41352

100-00

E 41352

CERTIFICATE OF DEATH

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 2 Division ST. 3rd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Romora Brooks

(a) RESIDENCE NO. 211 Bailey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3 1928.

7 AGE: Years | Months 6 | Days 6. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sheba Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Brooks

(Address) 211 Bailey St

15 Filed JAN 10 1929, 19 RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929 to Jan 9, 1929.

that I last saw h[illegible] alive on Jan 9 1929

and that death occurred, on the date stated above, at 1 55 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/9, 1929 (Address) Prov. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn.

DATE OF BURIAL: 1/12 1929.

20 UNDERTAKER: Edward Bryson

ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

Naomi M. Conyer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41353

CERTIFICATE OF DEATH

31

E 41353

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 240 N Amity ST., (WARD) 16th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Naomi Conyer

(a) RESIDENCE NO. 240 N Amity ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Mar

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred L. Conyer 1674

DATE OF BIRTH (month, day, and year) Oct 2, 1899

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Major Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Jane Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

Informant Jennie Matthews

(Address) 240 N Amity St

Filed Dec 1929 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to June 8, 1929.

that I last saw h alive on June 7, 1929

and that death occurred, on the data stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm Abscess

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T. B.

(Signed) H. Norwood, M. D.

, 19 (Address) 1639 W Fayette

*State the ~~Disease~~ Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Dec 11, 1929
20 UNDERTAKER	ADDRESS 322
Mrs Katie R Williams	N Schroeder St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41354

CERTIFICATE OF DEATH

57 E 41354

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3427 Parkheights Ave ST., 15/58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Wagenheim

(a) RESIDENCE NO. 3427 Parkheights Ave ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? 6 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced RUSBAND of (or) WIFE of: Abraham Wagenheim

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Jacob Lohnowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: A. Wagenheim

(Address) 3427 Parkheights Ave

15 [illegible] [illegible] M. D.

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/9/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 9, 1929, that I last saw h[illegible] alive on Jan 9, 1929, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical, Examination

(Signed) Frank Lemmon, M. D.

1/9, 1929 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilson Memorial Cem

DATE OF BURIAL: 1/10/29 19

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

JAN 10 1929

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41355

CERTIFICATE OF DEATH.

90 E 41355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST., 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Thomson

(a) RESIDENCE NO. Home for Incurables ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	88	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore - Maryland

PARENTS

10 NAME OF FATHER Edward H. Thomson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hamilton, Scotland

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wm N. Thomson

(Address) St. Paul & University Ave.

15 FILED 1929 G. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jany 8th, 1929, that I last saw her alive on Jan 9, 1929, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis over 2 yrs — mos — ds.

(duration)

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) W. W. Mayo, M. D.

1/9, 1929 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Chas E. Joanck ADDRESS 801 Madison Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41356

CERTIFICATE OF DEATH

11-001 E 41356

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 928 Hanover St. ST., 23 31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Zimmerman

(a) RESIDENCE NO. 928 Hanover St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 1 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Martin Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Burk

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Martin Zimmerman
(Address) 928 Hanover St.

15 Filed JAN 10 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-29

17 I HEREBY CERTIFY, That I attended deceased from 1/7/29, 1928, to 1/8/29, 1929 that I last saw h[illegible] alive on 1/8/29, 1929 and that death occurred, on the date stated above, at 9 8. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. — mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Pettingill, M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/11 1929

20 UNDERTAKER L. Few McCully

ADDRESS 130 E Fort Av

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41357

CERTIFICATE OF DEATH

31 E 41357

1—PLACE OF DEATH

24.33

REGISTERED NO.

CITY OF BALTIMORE: (No. 1440 Riverside Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin F. Johnson

(a) RESIDENCE NO. 1440 Riverside Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Johnson

6 DATE OF BIRTH (month, day, and year) July 7 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. W. Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Roberts

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14

Informant Margaret Johnson

(Address) 1440 Riverside Ave

Filed JAN 10 1929, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-29

17

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928, to Jan 9, 1929, that I last saw him alive on Jan 9, 1929, and that death occurred, on the date stated above, at 12:00 P m.

The CAUSE OF DEATH* was as follows: Cardiac Arthritis

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. F. Hartman M. D.

1/10, 1929 (Address) 1 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	1/12 1929
20 UNDERTAKER J. Fen McCully	ADDRESS 130 E Fort

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41358 × 129 E 41358

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. [illegible] St., 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Dobson

(a) RESIDENCE NO. Shiloh Chas. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days
26	25		

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Elsa Dobson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hospt Record

(Address)

15 Filed ....., 19 .....

[illegible] 1929 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-1929

17

I HEREBY CERTIFY, That I attended deceased from 1-3, 1927, to 1-8, 1929.

that I last saw him alive on 1-8, 1929.

and that death occurred, on the date stated above, at 4 55 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Glomerular Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. W. Fuller, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Date of Burial 1/10/29

20 UNDERTAKER Leith Fuller ADDRESS Fayette

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-601 E 41359

REGISTERED NO. 352

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Hickory Ave ST., (WARD)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Ella Hershey

(a) RESIDENCE NO. 3617 Hickory Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Hershey

6 DATE OF BIRTH (month, day, and year): March 18, 1851

7 AGE — Years: 77 | Months: 9 | Days: 21 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John Hershey

(Address): Fremont Va

15 Filed JAN 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929, to Jan 9 1929.

That I last saw her alive on Jan 9 1929

and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchs - Pneumonia

CONTRIBUTORY (Secondary): Lumpe (duration) yrs. mos. 5 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Dwerud M. D.

1/10, 1929 (Address) 6616 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Occoquan Va — DATE OF BURIAL: Jan 12 1929

20 UNDERTAKER: Cohenswetton — ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

Craig.

E 41360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41360

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Maggie Craig.

(a) RESIDENCE NO. 802 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of William F. Craig.

6 DATE OF BIRTH (month, day, and year) Nov 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Henry Goshert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14

Informant William F. Craig.

(Address) 802 W. Fayette St.

FEB 10 1929

C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 , 1929, to Jan. 8 , 1929, that I last saw h[illegible] alive on Jan 8 , 1929, and that death occurred, on the date stated above, at 11:25 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertension with nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Elizabeth B. Sherman M.D.

1/9, 1929 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL Jan 11, 1929

20 UNDERTAKER Edmondson Son ADDRESS 325 Cherbert Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41361

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 41361

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1116 Harford ave ST. 10-14 WARD)

2-FULL NAME Thomas Kerr

(a) RESIDENCE NO. 1116 Harford ave ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of [redacted] Annie M Kerr

6 DATE OF BIRTH (month, day, and year) Aug 18th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 631

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Kerr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Eliza Williamson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Flora E Byers
(Address) 1116 Harford ave

15 Filed ... 19... HARRY S. JONES, M. D. Registrar

NO 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1929 , to Jan 9 , 1929 , that I last saw h[redacted] alive on Jan 8 , 1929 , and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension Cardio vascular disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frederick D. Mack, M. D.

Jan 9, 19 (Address) 827 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 11 1929

20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41362

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

REGISTERED No. E 41362

CITY OF BALTIMORE, (No. 9-46 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lester Burke

(a) RESIDENCE NO. 1629 E 31st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 3, 1891

7 AGE: 38 Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: 0 [illegible]

9 BIRTHPLACE (city or town) (State or country): N. J.

10 NAME OF FATHER: Armstead R.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Isabella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Friends of

(Address)

15 Filed JAN 10 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 8, 1929, that I last saw him alive on Jan 8, 1929 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Left

Myocardial Insufficiency

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): myocarditis, acute

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X Ray, Physical

(Signed) [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 11, 1929

UNDERTAKER: Louis Neumann

ADDRESS: 324 E Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

41363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65-001 E 41363

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 706 N. Hope St ST. 7-12 WARD)

2-FULL NAME Edward Moravec (MORAVEC)

(a) RESIDENCE. No. 706 N Hope St ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Autumn 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Moravec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho

12 MAIDEN NAME OF MOTHER Andna Kunst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Joseph Moravec
(Address) 706 N Barnett

15 FILED OCT 10 1929 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 1929 to Jan. 8 1929 that I last saw h alive on Jan 8 1929 and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Myelogenous Leukemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Hospital Study

(Signed) Louis Keene M. D.

, 19 (Address) 702 S. Reston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 11 1929

20 UNDERTAKER Frank Greek Nay ADDRESS Woodland

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41364
1—PLACE OF DEATH

161-002

REGISTERED NO. E 41364

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 23-34 WARD)

2—FULL NAME Edward L. Connolly

(a) RESIDENCE NO. 1535 Light St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 11/7/29

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): So. Balto. Gen. Hosp.

10 NAME OF FATHER: Edward Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Anna Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Records

(Address)

Filed JAN 10 1929, C. HARTMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/10/29

17

I HEREBY CERTIFY, That I attended deceased from 1/7, 1929, to 1/10, 1929

that I last saw him alive on 1/10, 1929

and that death occurred, on the date stated above, at 5:10 A m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage

CONTRIBUTORY (Secondary) Bronchio Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? In utero (duration) yrs. mos. 3 ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Schoultz Wascher M. D.

1/10, 1929 (Address) So Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 1/10 1929

UNDERTAKER: Fred J. Fahey Sons — ADDRESS: 1318 Light

Spec.—1-10-21—M&T—1500 Bks.

E 41365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

REGISTERED NO. E 41365

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Southway ST. 17-49 WARD)

2-FULL NAME Maude Wyatt Lawson

(a) RESIDENCE NO. 417 Southway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lawson

6 DATE OF BIRTH (month, day, and year) Oct 9 61

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 ~~68~~	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Silas Wyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Greathouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Frank H Lawson

(Address) 417 Southway

15 Filed 19 Registrar

JAN 10 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1928 to Jan 8 1929

that I last saw h[illegible] alive on Jan 4 1929

and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of intestines

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/9 1929 (Address) 411 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 10 1929

20 UNDERTAKER W M Routson

ADDRESS 2238 N Gay

Spec.—1-10-21—M&T—1500 Blks.

E 41366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41366

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Read St ST., 4-25 WARD)

2-FULL NAME Pasquale Libuto

(a) RESIDENCE NO. 318 N Read ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Libuto

6 DATE OF BIRTH (month, day, and year): Dec 19 48

7 AGE — Years: 80 — Months: — — Days: 20 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Gen

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Pasquale Libuto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Baracco

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Angelo Libuto

(Address): 318 N Read

Filed JAN 10 1929 HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-1-1928 to 1-9-1929.

that I last saw him alive on 1-9-1929.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

Chronic nephritis.

Myocarditis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) S. D'Amaro M. D.

1-10 1929 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinidad Bur

DATE OF BURIAL: Jan 10 1929

20 UNDERTAKER: H M Routzon

ADDRESS: 2238 N Mt

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41367

CERTIFICATE OF DEATH.

90 E 41367

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 Hazlett ST., WARD) 7 11

2-FULL NAME Mary Elizabeth Schmeckebier

(a) RESIDENCE NO. 401 Hazlett ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Schmeckebier

6 DATE OF BIRTH (month, day, and year): Oct. 16, 1847

7 AGE: Years 81 Months 2 Days 22 If LESS than 1 day, hrs. or min. 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Dietrich Fennemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Susannah Kroh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1928. to Jan 8 1929

that I last saw her alive on Jan 8, 1929

and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Arteritis (appendicitis.)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Wm. Deming, M. D.

Jan 9. 1929 (Address) Catonsville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mr. Laurence F. Schmeckebier

(Address) 1444 Belmont St. N.W. Wash. D.C.

15 JAN 10 1929 C. HAMILTON JONES, M. D.

(Address) Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy DATE OF BURIAL: Jan 11 1929

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Pl

FROM IS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

E 41368

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N. Bond ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sallie Grant Collier

(a) RESIDENCE NO. 1410 N. Bond ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 12 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Collier

6 DATE OF BIRTH (month, day, and year) July 26, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Crockett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Wamsley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Charles A. Collier
(Address) 1410 N. Bond Street

15 Filed JAN 10 1929 ... Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/29

17 I HEREBY CERTIFY, That I attended deceased from September 15, 1928 to January 8, 1929.

that I last saw her alive on 1/8/29, 19...

and that death occurred, on the date stated above, at 6:05 P. m.

The CAUSE OF DEATH* was as follows:

Asterio sclerosis (1)
Bulbar Paralysis (a)

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. diagnosis

(Signed) W. R. Peard Jr. M. D.

19 (Address) 30 Chamber of Commerce.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	1/11 19 29

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 605 N. Calvert

Spec.–7-17-26–A Co.–200 Bks.

E 41369

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

E 41369

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Spicka

(a) RESIDENCE NO. St. ~~Joseph~~ Peters Convent St. 18-29 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Spicka

6 DATE OF BIRTH (month, day, and year) May 7, 1851

Daughter in Stone Pottery Co in 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or min..
	57	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St. Peters Convent

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER John Peter

11 BIRTHPLACE OF FATHER (City or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Hospital Record (Address)

JAN 10 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1929 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929 to Jan. 8, 1929 that I last saw h.. alive on Jan 8, 1929 and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(over)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chron. Bronchitis & Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? St. Peters Convent

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harold Jenner, M. D.

, 19 (Address) 1403 Springhill Ave. Balto Md (Mercy Hospital)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial 1/10/ 1929

20 UNDERTAKER John F. Denny — ADDRESS 715 E. Lex St

Very important. See instructions on back of certificate. DEPARTMENT OF VITAL STATISTICS

Spec.—2-29-28—L. F. S.—500 Bks.

E 41370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41370

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1-13 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Crutcher

(a) RESIDENCE NO. 1744 Ashland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year): Autumn.

7 AGE: 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Friends

ADDRESS: BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

JAN 10 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7, 1929

17 I HEREBY CERTIFY, That I attended deceased (from 12-17 ..... 1928, to 1-7 ..... 1929.

that I last saw him alive on 1-7 1929

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH was as follows:

Myocarditis acute
Chronic Interstitial
nephritis
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, Hypertension (duration) Unknown yrs. mos. ds.

If there was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. M. Slack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alexandria Va.	Jan. 9, 29
20 UNDERTAKER	ADDRESS
Mrs. P. L. Elliott	1725 Ashland Ave

PARSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

230365

E 41371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 41371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clydie Jones

(a) RESIDENCE NO. 632 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: James Jones.

6 DATE OF BIRTH (month, day, and year): 5/28/03

7 AGE: Years 25 — Months 7 — Days 10 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga —

PARENTS

10 NAME OF FATHER: Joseph Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga —

12 MAIDEN NAME OF MOTHER: Lumkin Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga —

14 Informant: Friends —

(Address)

15 Filed JAN 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1928 to Jan 8 1929, that I last saw her alive on Jan 8 1929, and that death occurred, on the date stated above, at 2 58 P.M.

The CAUSE OF DEATH* was as follows:

? Tuberculosis

? Gonococcemia

(duration) yrs. mos. 34 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes —

What test confirmed diagnosis?

(Signed) C. H. Berger. M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lincoln Park

DATE OF BURIAL: June 11 1929

UNDERTAKER: Wm. P. A. Elliott

ADDRESS: 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 41372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 74-001

REGISTRATION No. E 41372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Bradford ST., 17-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M Hawkins

(a) RESIDENCE No. 613 N. Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Hawkins

6 DATE OF BIRTH (month, day, and year) May 1-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lula M Slaughter

(Address) 613 N. Bradford

JAN 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1929, to Jan 7, 1929.

that I last saw h[illegible] alive on Jan 6 1929

and that death occurred, on the date stated above, at 6.40 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy) (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) E. E. Lynch, M. D.

Address Jan 8th 1929 North Ave Dental

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakin Park Jan 9 1929

20 UNDERTAKER Walter Lane ADDRESS 413 N. Eden

This is very important. See instruction on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41373

CERTIFICATE OF DEATH

101-001

E 41373

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E 28th ST. 9.46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Marie Johnson

(a) RESIDENCE NO. 1824 E 28th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13, 1861

7 AGE: Years 67 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min. 26 4

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Sweden

10 NAME OF FATHER Johanes Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Pitroline Halberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Nils Peter Johnson

(Address) 1824 E 28th Street

15 Filed JAN 10 1929, WILSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 9, 1929, that I last saw h[er] alive on Jan 8, 1929 and that death occurred, on the date stated above, at 11 15 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fritz J Lenzer, M. D.

(Address) 2700 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Jan 11 1929

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kerr 1125 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41374

CERTIFICATE OF DEATH

47 E 41374

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 S 7th ST. N-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Winnie Kerr

(a) RESIDENCE NO. 704 S 7th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas H Kerr

6 DATE OF BIRTH (month, day, and year): Aug 1872

7 AGE — Years: 56 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Thos. H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Minnie Overdick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas H Kerr

(Address) 704 S 7th St

Filed JAN 10 1929, 19 HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9. 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, to Jan 9, 1929,

that I last saw her alive on Jan 8, 1929

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast
with metastases

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X rays Biopsy Report Tissues

(Signed) , M. D.

1/10/29, 19 (Address) 408 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Jan 12 1929

UNDERTAKER: J M Cook — ADDRESS: 1211 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41375

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 E 41375

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 1352

CITY OF BALTIMORE: (No. 33rd. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Sarah Fedder

(a) RESIDENCE NO. 1025 W 36th St Baltimore Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Hebrew White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed. Nathan Feder

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Son-in-law, Morris Weinstein

(Address) 1025 W 36 St Baltimore, Md.

15 [illegible] Wm. H. Jones M. D.

JAN 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-29.

17 I HEREBY CERTIFY, That I attended deceased from 1-7-29. 11 P.M., 19..., to 1-10., 1929 7:32 A.M.

that I last saw h.. alive on 1-10, 1929

and that death occurred, on the date stated above, at 9:32 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration & Auricular Fibrillation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) mos. ds.

18 Where was disease contracted if not at place of death? In home & hospital.

Did an operation precede death? No Date of? none

Was there an autopsy? No.

What test confirmed diagnosis? none

(Signed) J. D. Geraghty, M. D.

, 19 (Address) Union memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reisterstown Road	Jan 11 1929
20 UNDERTAKER	ADDRESS
Joseph Lewis	1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 41376
22543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 6-9 WARD) 100-001 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbert Johnson

(a) RESIDENCE NO. 131 N. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4yr mos. dys How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17-1928

7 AGE	Years:	Months	Days	If LESS than 1 day, hrs. or min.
		8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ida Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 FILED JAN 10 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased (from Jan 6 1929 to Jan 9 1929 that I last saw him alive on Jan 9 1929 and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute otitis media

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Gradwohl M. D.

1/10 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery DATE OF BURIAL Jan. 10 1929

20 UNDERTAKER Clara H. Johnson ADDRESS 716 N. Carolina St.

Cor.—12-9-25—A Co.—200 Bks.

E **41377**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 41377

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 E Lanvale St., 2-K Ward)

2-FULL NAME Thos Addison

(a) RESIDENCE NO. 229 E Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colrd	Widr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana. Addison

6 DATE OF BIRTH (month, day, and year) August 3 1870.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57.	5.	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia Near Yanica

PARENTS

10 NAME OF FATHER Robt. Robson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Georgiana Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Guanal Ecuador

14 Informant Mammie Tayloe (Address) 229 E. Lanvale St

15 Filed JAN 10 1927 H. JACKSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Bronchs Pneumonia

(b) Exhaustion

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed (Coroner) M. D.

19 (Address) 143 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial: Jan. 10 1927

20 UNDERTAKER Randall & Lippitt ADDRESS 300 N. Calvert St.

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Buckheisers

E 41378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 E 41378

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST., 21-33 WARD)

2-FULL NAME John W. Buckheimer

(a) RESIDENCE No. 127 E. Getting St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John W. Buckheimer

6 DATE OF BIRTH (month, day, and year) Dec. 1 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Buckheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Francis Hanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Hospital Records (Address)

15 Filed NOV 10 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/29

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 1929, to Jan 5 1929, that I last saw him alive on Jan 5 1929, and that death occurred, on the date stated above, at 12:12 p m.

The CAUSE OF DEATH* was as follows:

Prostatism

(Septic Uro-Nephritis Myoma of prostate)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Leo S. Lavok ADDRESS 1123 E. Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41379

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Central Ave ST. 10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anthon Stresewski

(a) RESIDENCE NO. 1034 N. Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of [illegible] (or) WIFE of Philomena Stresewski

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Henry Stoker

(Address) 1034 N. Central Ave

15 Filed JAN 10 1929 H. LAMAR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Jan. 10, 1929, that I last saw him alive on Jan. 9, 1929, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

CONTRIBUTORY (Secondary) myocarditis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs ? mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Lee Wagner, M. D.

1/10, 1929 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 12 1929
20 UNDERTAKER	ADDRESS
Henry Stoeck Son	1231 E. Eager St

Spec.–7-17-26–A Co.–200 Bks.

E 41380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41380

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1816 N. Payson St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Jane Davis

(a) RESIDENCE NO. 1816 N. Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Wh

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Richard Davis

6 DATE OF BIRTH (month, day, and year): Dec. 9/1853

7 AGE: Years 75 Months 5 Days 1

IF LESS than 1 day ___ hrs. or ___ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ret. Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: J. Linton

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Lessie Davis

(Address): 1816 N. Payson st

15 Filed: JAN 27 1929

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 9th 1929

17 I HEREBY CERTIFY, That I attended deceased from January 1st, 1929, to January 9th, 1929, that I last saw h~~e~~r alive on January 8th, 1929, and that death occurred, on the date stated above, at 12:00 M.

The CAUSE OF DEATH* was as follows:

Bronchitis, developing into Bronchio-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Fatty heart action 4 hrs.

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date nf

Was there an autopsy? No

What test confirmed diagnosis? Appearance

(Signed) E. E. Smith, M. D.

(Address) 1605 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side fnr additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Jan 11 1929

20 UNDERTAKER: Lucas Eyser

ADDRESS: 1600 W North ave

Very important. See instructions on back of certificates. ~~OCCUPATION~~ IS

Spec—12-23-21—E.B.R.S.—400 Blks.

E 41381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41381

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2614½ Francis St. 12-59 Ward) Registered No.

2-FULL NAME None Given (Baby Robey)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2614½ Francis St, Ward.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 8, 1929

7-AGE. ....yrs....mos....ds.

If LESS than 1 day, 10 hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md. (State or Country), U.S.A.

PARENTS.

10-NAME OF FATHER, Bertram Robey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), U.S.A.

12-MAIDEN NAME OF MOTHER, Ruth Spitzer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), U.S.A.

11-

(Informant)

(Address)

Jan 10 1929 C. HAMPSON JONES, M. D.

Registrar.

3125

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-9-29

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1929 to Jan. 9 1929.

that I last saw h[illegible] alive on Jan 9 1929

and that death occurred, on the date stated above, at 10[illegible] m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Robt. Traver M. D.

, 19 (Address) 314 Wilkens Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. [illegible] SPRINGS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER. [illegible] Commissioner Health.

ADDRESS

For Wm. F. Waddell

JAN 10 1929

Spec.—1-12-23—M&T—500 Bks.

E 41382 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 41382

CERTIFICATE OF DEATH. 15 J 9 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (T. B.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Moore

(a) RESIDENCE No. 1926 Pennsylvania ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
25	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 0/0

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Dare Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Matilda McDowell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed 0-1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928 to Jan. 7, 1929, that I last saw her alive on Jan. 7, 1929 and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Diag.

What test confirmed diagnosis?

(Signed) Henry C. Smith, M. D.

1-7, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health JAN 10 1929

Spec.—1-12-23—M&T—500 Bks.

E 41383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-14 WARD)

REGISTERED NO. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Snyder

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Alexander Mc Nee

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Cramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9th 1929

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to January 19 28.

that I last saw her alive on 1-9 19 29.

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ignition (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Jan 19 29 (Signed) F. R. Warner, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Rita Wiedefeld 914 — ADDRESS Lemmon St

Spec.—1-10-21—M&T—1500 Blks.

E 41384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4003 Chesley Ave (ST.) Overlea (WARD) 14

REGISTERED NO. 99 172

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Schmidt

(a) RESIDENCE No. 4003 Chesley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Schmidt

6 DATE OF BIRTH (month, day, and year) Nov. 26 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. Schmidt (Address) 4003 Chesley Ave.

15 Filed JAN 1929 C. BARTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 1928 to Jan 8 1929

that I last saw h[illegible] alive on Jan 5 1929

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 10 mos 2 ds.

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? 1631 Gough St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Leo Heller, M. D.

1-10. 1929 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL 1/11 1929

20 UNDERTAKER C. O. Fanning & Son — ADDRESS 1938 E. Lafayette Ave.

Spec.—1-12-23—M&T—500 Bks.

E 41385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3741 Northonia Rd St. 16-65 WARD)

REGISTERED NO. 101-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Courtney Riordan

(a) RESIDENCE No. 3741 Northonia Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? 32 yrs. 11 mos. 18 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth S. Riordan

6 DATE OF BIRTH (month, day, and year) Jan 22-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
31	31	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Investment Broker.

(b) General nature of industry, business, or establishment in which employed (or employer) Investments

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Riordan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Catherine Barron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Mrs Ruth S. Riordan (wife)

(Address) 3741 Northonia Road

15 Filed 1-10 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 9, 1929, that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. Hampson Jones M. D.

1/9, 1929 (Address) 720 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Catholic Cemetery DATE OF BURIAL Jan-11 1929

20 UNDERTAKER Stewart Mimm Co ADDRESS Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 E 41386

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 601 S Robertson St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Dell-Arciprete

(a) RESIDENCE NO. 601 S Robertson WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year) Jan 24 1866

7 AGE — Years: 62 | Months: 11 | Days: 15 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Matilda Bellani

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Jesse Dell Arciprete (Address): 601 S Robertson St

15 Filed JAN 9 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9th 1. 29

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22nd 1928 to Jan 9th 1929

that I last saw him alive on Jan 9th 1929

and that death occurred, on the date stated above, at 1 A.P. m.

The CAUSE OF DEATH* was as follows:

Ascites and Cardiac Dropsy.

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Vincent Cirbo, M. D.

19 (Address) 811 South.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 11 1929
20 UNDERTAKER	ADDRESS
M. F. E. Hepp & Son	32 Leon St

Spec.—2-29-28—L. F. S.—500 Bks.

(Averza)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41387

CERTIFICATE OF DEATH

11-001

E 41387

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S High ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Averza

(a) RESIDENCE NO. 227 S High ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Averza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Victoria Pecaprio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Father

(Address) Joseph Averza

15 Filed 19 Registrar

0 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 9, 1929, that I last saw h[illegible] alive on Jan 8, 1929 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Secondary

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Weiss M. D.

1-10 19 29 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 12 1929
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 41388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-001 ✓ E 41388

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital 26-37 Ward)

2-FULL NAME Tony Petro

(a) RESIDENCE NO. 3922 E. Pratt St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20-28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis Petro

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Doris Cuchie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Louis Petro

(Address) 3922 E. Pratt St

10 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis-(Pneumococcus Type 1)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. Bayard Cate, M. D.
(Coroner)

1/9 19 29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus — Date of Burial 1/11 1929

20 UNDERTAKER John McClusk — ADDRESS 2008 Orleans

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41389

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Pumphrey

(a) RESIDENCE NO. 1634 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C Pumphrey

6 DATE OF BIRTH (month, day, and year) May 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mchenry

9 BIRTHPLACE (city or town) Laurel (State or country) Md

PARENTS

10 NAME OF FATHER John G Pumphrey

11 BIRTHPLACE OF FATHER (city or town) Washington D C (State or country)

12 MAIDEN NAME OF MOTHER Emma E Estake

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant George B Pumphrey (Address) 1634 W. Baltimore St

15 Filed 10 1929 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 1929, to Jan. 10. 1929;

that I last saw him alive on Jan 9 1929,

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B Shumpert M. D.

1/10. 1929 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL 1/12 1929

20 UNDERTAKER W M Cook — ADDRESS 1215 E Fayette

FAILURE TO FILE THIS CERTIFICATE IS A MISDEMEANOR. SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41390

CERTIFICATE OF DEATH.

25-72 57

E 41390

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl F. Ernsting

(a) RESIDENCE NO. 1711 Spence St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Ernsting

6 DATE OF BIRTH (month, day, and year) Nov 29/1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	1	10 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Electrical Div.

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Fred Ernsting

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Marion Sohle

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Clara Ernsting

(Address) 1711 Spence St

15 Filed 1/10 1929 19 H. Hanson Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)

(duration) .....yrs. .....mos. 22 ds.

CONTRIBUTORY (Secondary) Diabetes Mellets (Comal)

(duration) 2 yrs. .....mos. .....ds.

(Signed) J. H. Hall M. D.

(Coroner)

1/10/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial 1/11 1929

20 UNDERTAKER J. M. Cook — ADDRESS 217 St Paul St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41391 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward) REGISTERED NO. 590

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: John Testerman

(a) RESIDENCE NO. 427 E. Eager St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Testerman

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE — Years: 57 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Flagmon

(b) General nature of industry, business, or establishment in which employed (or employer): 075

(c) Name of employer: W. Md Ry.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Margaret Testerman

(Address) 427 E. Eager St

15 1 0 1929 . 19 P. CRAWFORD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 . 1929 . to 1-10 . 1929 .

that I last saw him alive on 1-10 . 1929 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Chronic Valvular Heart disease)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Hendrix . M. D.

. 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: 1-12 1929

20 UNDERTAKER: Wm Cook — ADDRESS: 217 E Fa[illegible]

TION IS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41392

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 N Charles ST. 17-49 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Campbell Colston

(a) RESIDENCE NO. 3507 N Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13th 1847

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	11	10 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ala

PARENTS

10 NAME OF FATHER: John A. Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Emma E Gottlieff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N H

14 Informant: Mr Colston (Son)

(Address) 3501 N Charles

15 Filed ..... 19 ..... Registrar

1 10 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1928, to Jan 9th, 1929, that I last saw her alive on Jan 9th, 1929, and that death occurred, on the date stated above, at 7 55 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - general

(duration) 3+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Tonsillitis followed by bronchopneumonia

(duration) 0 yrs. 0 mos. 10 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Gordon Wilson M. D.

10. 1929 (Address) 715 Park av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan 11 1929
20 UNDERTAKER	ADDRESS
J. Wilkinson & Co.	Eutaw & Lafayette

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gorsuch 117 W Saratoga St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41393

CERTIFICATE OF DEATH

90 E 41393

1—PLACE OF DEATH

REGISTERED NO. 196

CITY OF BALTIMORE (No.) 316 Edmondson Ave ST., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Locker

(a) RESIDENCE NO. 1316 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jno F. Locker

6 DATE OF BIRTH (month, day, and year): Aug. 22, 1854

7 AGE: Years 74 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Herman Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Rudolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mamie Evarmon

(Address) 1316 Edmondson Ave

15 Filed ..... 19 ..... Registrar

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 7, 1929, that I last saw h alive on Jan 5, 1929 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) Several years

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H H Gorsuch M. D.

1-10 1929 (Address) 117 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 1-12 1929

20 UNDERTAKER: J E Cook

ADDRESS 1215 Eutaw pl

Spec.—1-30-21—M&T—1500 Bks.

Delcher ✓ 101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41394

CERTIFICATE OF DEATH.

101 E 41394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1512 Hollins St., (Ward) 19-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline V. Delcher

(a) RESIDENCE NO. 1512 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Delcher

6 DATE OF BIRTH (month, day, and year) Mar 19 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick (State or country) Md

PARENTS

10 NAME OF FATHER James Dayhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Frank L. Delcher (Address) 1512 Hollins St

15 Filed 10 1929 C. HAMPSON JONES, M. D. Registrar Per Ackles

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 8 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jany 8, 1929,

that I last saw h[illegible] alive on Jany 8, 1929,

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1929 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	1/11/29

20 UNDERTAKER Harry A Witzke ADDRESS 1031 W Lombard St

How to fill out this certificate: See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41395

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 41395

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 15-21

CITY OF BALTIMORE: (No. 1933 W. North Ave. ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia O'Connor

(a) RESIDENCE NO. 1933W. North Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., If foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5c If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas O'Conner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Dee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Finnerty

(Address) 1933 W. North Ave.

15 JAN 10 1929 C. [illegible] JACKSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1, 9, 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1929, to Jan 9 1929, that I last saw h alive on Jan 8 1929 and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. D. Lafetant M. D.

Jan. 10, 1929 (Address) 211 W. Lennox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan. 11, 1929.
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons	827 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

2 E 41396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 41396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Thomas

(a) RESIDENCE NO. 1116 N. Sharon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
39	38		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid - Oto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER John Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Mary Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Reads.

(Address)

15 0 1929 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Jan 9 1929, that I last saw her alive on Jan - 9 1929, and that death occurred, on the date stated above, at 8 Eta m.

The CAUSE OF DEATH* was as follows:

Ulcerative colitis - exact cause unknown - not tbc.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? Yes Date of Jan 2, '29

Was there an autopsy? No

What test confirmed diagnosis? X-ray. Stool exam

(Signed) Henry G. Hollenberg, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Churchton, Md.

DATE OF BURIAL: Jan 30 29

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pierstorff St

IMPORTANT: See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 41397

CERTIFICATE OF DEATH.

90 E 41397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE. (No. 400 N Broadway St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gilbert.

(a) RESIDENCE NO. 400 N. Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Gilbert

6 DATE OF BIRTH (month, day, and year) April 12-1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. (State or country) Maryland

PARENTS

10 NAME OF FATHER Hobering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm H Gilbert

(Address) 400 N. Broadway

Filed 10 1929 C. HARRISON JONES, M. D. Registrar

Per BCK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

Signed C. H. Jones M. D.

11/29 19 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial 1/11 1929

20 UNDERTAKER Wm Cook ADDRESS 1217 N Paul

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Evans 612 W. 40th

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 41398

E 41398

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 3925 Frisby ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Hackett

(a) RESIDENCE NO. 3925 Frisby ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Hackett

11 BIRTHPLACE OF FATHER (city or town) Balt Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Barron

13 BIRTHPLACE OF MOTHER (city or town) Balt Md
(State or country)

14 Informant Mrs B. H. Bosworth

(Address) 2431 St Paul St

15 Filed 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10-29

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1929, to June 10, 1929,

that I last saw h alive on June 8, 1929

and that death occurred, on the date stated above, at 4 6 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3925 Frisby St

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans M. D.

June 10 1929 (Address) 612 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunbarton

DATE OF BURIAL 6/12 1929

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

10 1929

Spec.—2-29-28—L. F. S.—500 Blks.

3517 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41399

CERTIFICATE OF DEATH

90 E 41399

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Allendale ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edmund L. Phillips

(a) RESIDENCE NO. 619 Allendale ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ethel M. Phillips

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	26	

Feb 7, 1929

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dykeman Inc

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS...

10 NAME OF FATHER James Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Daugherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ethel Phillips

(Address) 619 Allendale St

15 Filed [illegible] 19 [illegible] C. HARRISON JONES, M.D. Registrar

0 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from January, 1927, to Jan 8, 1929, that I last saw h[illegible] alive on Jan 8, 1929, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Winter duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. A. Kelly, M. D.

, 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 11 1929
20 UNDERTAKER	ADDRESS
Ware Cook	1717 St Paul St

Spec.—2-29-28—1. F. S.—500 Bks.

E 41400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-09

E 41400

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE (No. 27-47 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Edw. Myers

(a) RESIDENCE NO. 4528 Harford Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 30 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 10th 1862

7 AGE: 66 Years 8 Months 29 Days 30 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O & O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Cosgrove

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Nurse of BALTIMORE CITY HOSPITALS

15 Filed 10 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-9-29

17

I HEREBY CERTIFY, That I attended deceased from 12-30 19 28, to 1-9 19 29, that I last saw him alive on 1-9 19 29, and that death occurred, on the date stated above, at 3:50 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Broncho-Pneumonia, Rt-L

No history obtained

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Work M. D.

BALTIMORE CITY HOSPITALS

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 12th 19 29

UNDERTAKER: H. Wiglesworth

ADDRESS: 1850 N Balto St

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41401

CERTIFICATE OF DEATH.

88

E 41401

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2019 Hollins St. 14-2 Ward)

2-FULL NAME Jennie S. Fulkoske

(a) RESIDENCE NO. 1720 W. Pratt St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Fulkoske

6 DATE OF BIRTH (month, day, and year): May 31st 1879

7 AGE: Years 49 Months 7 Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N. W. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: E. W. Little

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Keller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: John. Fulkoske

(Address): 1720 W Pratt

15 Filed JAN 10 1929, 19__ Registrar: A H

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Boyle M.D.

(Coroner) S. W. Dear

1/9, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial: Jan 11th 1929

20 UNDERTAKER: F. A. Wippert ADDRESS: 1800 W Balto St

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41402

CERTIFICATE OF DEATH

1.00-901

E 41402

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 20-70

CITY OF BALTIMORE. (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Cunningham

(a) RESIDENCE NO. 3729 Kossuth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	not given

3a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Mary V. Cunningham

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

BALTIMORE CITY HOSPITALS

15 Filed 1 6 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Jan 8, 1929, that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

BALTIMORE CITY HOSPITALS

(Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 11 1929

20 UNDERTAKER H. Weppert ADDRESS 850 N. Gilmor St

Spec.—2-29-28—L. F. S.—500 Blks.

E 41403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 41403

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2221 Ramsay ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Veronica M. Gries

(a) RESIDENCE NO. 2221 Ramsay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 16 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred'k Gries

6 DATE OF BIRTH (month, day, and year) Feb 22nd 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	37	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John B. Schleffer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Schiebel

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant John B. Schleffer
(Address) 3850 Eastern Ave

Filed JUN 9 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8/29

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Jun 8, 1929

that I last saw her alive on June 7, 1929

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Influenza Myocarditis (Arteriolitis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Dr. M. C. Welch, M. D.

6/9, 1929 (Address) 2517 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	June 11 1929

20 UNDERTAKER J. B. Wishart ADDRESS 1850 W. Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41404

CERTIFICATE OF DEATH

101-081

E 41404

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 3733 Wilkens Ave ST., W 7th WARD)

2—FULL NAME Johanna Margaret Rausch

(a) RESIDENCE NO. 3733 Wilkens Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ernst Rausch

6 DATE OF BIRTH (month, day, and year): Nov 25th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	80	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, bosiness, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Ferdinand Hergard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hartmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louise J. C. Faulmann

(Address) 3733 Wilkens Ave

15 Filed JAN 10 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8th 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 8, 1929, that I last saw h[illegible] alive on Jan 8 8:30 A 29 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Duncan P. Adams M. D.

, 19 (Address) 3316 Lord Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 11th 19 29

20 UNDERTAKER: H. D. Hilgart ADDRESS: 1850 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

2 | 6 | 41405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 100 1001 E 41405

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St., 14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James S. Bobb

(a) RESIDENCE NO. Roaring Spring Pa St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~Wife of~~ Alice S. Bobb.

6 DATE OF BIRTH (month, day, and year) June 2-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Purchasing Agt.

(c) Name of employer D M Bare Co. (Paper Co.)

9 BIRTHPLACE (city or town) (State or country) Tyrone Pa.

PARENTS

10 NAME OF FATHER Alexander Bobb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Matilda Matten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Record John M. Bobb Hollidaysburg Pa.

15 Filed JAN 10 1929, 19 ... Registrar ARV

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct-22, 1928, to Jan 10, 1929, that I last saw h— alive on Jan 10, 1929, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

CONTRIBUTORY (Secondary) Hypertrophy of Prostate (duration) 3 yrs. mos. ds. (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 11/7/28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Altoona Pa.	Jan 10 1929

20 UNDERTAKER Stuhr & Sons Inc

ADDRESS 4th & Broadway

FROM IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41406

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011. Druid Hill Ave ST. (WARD) 11-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augustus Scott

(a) RESIDENCE NO. 1011. Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary L. Scott

6 DATE OF BIRTH (month, day, and year): Apr 9- 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Dan'l Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Mona

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Mary L. Scott

(Address) 1011. Druid Hill Ave

15 Filed 11 1929 (19...) [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8- 29

17

I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1928, to Jan 8, 1929, that I last saw h... alive on Jan 8th, 1929, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

CONTRIBUTORY (Secondary) (duration) 1 yrs. 3 mos. 19 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Dr. Caulfield, M. D.

-10. 1929 (Address) 354 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 11 1929

20 UNDERTAKER: Wm. H. Chase, Son — ADDRESS: 1700 Mosher

Spec.—2-29-28—L. F. S.—500 Bks.

E 41407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41407

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N Eutaw ST. 11-24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ulysses Garrett

(a) RESIDENCE NO. 1038 N Eutaw ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Peter Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Jessie Edwards Lewis

(Address) 1038 N Eutaw St

FILED JAN 11 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1929

17

I HEREBY CERTIFY, That I attended deceased from Jany 8, 1929, to Jany 8, 1929, that I last saw him alive on Jany 8, 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Colds & Infection

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) C. Edwalters, M. D.

, 19 (Address) 1511 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL January 11 1929

20 UNDERTAKER Edward J Hennessey

ADDRESS 1 N Bradford

Spec.—2-29-28—L. F. S.—500 Bks.

Mollie Carey

E 41408

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 101-001 E 41408

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Cary.

(a) RESIDENCE NO. 2317 McCulloh ST., WARD Pikesville, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Jacob Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Florence Porter

(Address) 2317 McCulloh St

15 Filed JAN 1 1929 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 1, 1929, that I last saw h.. alive on Jan 1, 1929 and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Firle, M. D.

. 19 (Address) Community Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: Jan 3 1929

20 UNDERTAKER: Samuel Weinberg ADDRESS: 1778 Bridle

Spec.—1-10-21—M&T—1500 Bks.

E 41409 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41409

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 Dolphin St., 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen James

(a) RESIDENCE NO. 27 Dolphin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy James

6 DATE OF BIRTH (month, day, and year): Jan. 11 1855

7 AGE: 73 Years 11 Months 28 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): a

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

PARENTS

10 NAME OF FATHER: Thomas James

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Sophia Goff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Md.

14 Informant: Wilbert James

(Address) 27 Dolphin St.

15 Filed 1 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9 Jan 1929

17 I HEREBY CERTIFY, That I attended deceased from 15 Jan., 1928, to 9 Jan., 1929, that I last saw him alive on 6 Jan., 1929, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows: Pulmonitis

About a year

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia

Senility

(duration) yrs. mos. ds.

18 If there was disease contracted if not at place of death? Balto, Md

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) S. Mansfield Bayle M. D.

1/ Jan 1929 (Address) 1401 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL 1/13 1929

20 UNDERTAKER: Samuel Newsley

ADDRESS 338 N. Bradford

TION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41410

CERTIFICATE OF DEATH.

1854 E 41410

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. President Hosp St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Cook.

(a) RESIDENCE NO. 1707 Madison Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): Jan 7-1900 Jan 7 1900

7 AGE: Years 29 — Months — Days 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Jas Smith

11 BIRTHPLACE OF FATHER (city or town): York

(State or country)

12 MAIDEN NAME OF MOTHER: Louisa Smith

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Louisa Smith

(Address): 1128 N. Gilmor

15 Filed JAN 11 1929 1929 C. Pearson Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan 9th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Duration yrs. mos. 25 ds.

ACCIDENTAL Fell off porch

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) H. Leitch M. D.

(Address) Jan 10th 1929 (Official) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 1/13 1929

20 UNDERTAKER: Samuel Hemsley ADDRESS 53 Saddle

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41411

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Sinclair Lane ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonietta R. Genco

(a) RESIDENCE NO. 1402 Old Harford Road ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Pietro Genco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Margaret Maltese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Pietro Genco

(Address) 1402 Old Harford Road

JAN 11 1929

C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1929, to Jan. 9, 1929,

that I last saw her alive on Jan. 6, 1929

and that death occurred, on the date stated above, at 2 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Examination

(Signed) Jane M. Linder, M. D.

1/10, 1929 (Address) 235 E. Eager Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's	Jan 11 1929
20 UNDERTAKER Grant V. Pipitone	ADDRESS 2[illegible] E. Biddle St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41412

CERTIFICATE OF DEATH

129 E 41412

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Rutland ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Gorsuch

(a) RESIDENCE NO. 1717 N. Rutland ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of J. James Gorsuch

6 DATE OF BIRTH (month, day, and year) May 30 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trappe Talbot Co Md

PARENTS

10 NAME OF FATHER Robert Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Jennie (Address) No 1717 N. Rutland Ave

15 Filed N 11 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927, to Jan. 10, 1929,

that I last saw her alive on Jan. 10, 1929

and that death occurred, on the date stated above, at 12.12 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Samuel B Wolfe, M. D.

, 19 (Address) 1331 E. Fayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 12 1929

20 UNDERTAKER Henry Lutz

ADDRESS 1203 Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41413

CERTIFICATE OF DEATH.

101-001 E 41413

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hosp. St. 18-16 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Louise Everett

(a) RESIDENCE NO. 927 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): July 14 1928

7 AGE: Years / Months 6 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto md

(State or country)

PARENTS

10 NAME OF FATHER: Wm Everett.

11 BIRTHPLACE OF FATHER (city or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Hannah McClain

13 BIRTHPLACE OF MOTHER (city or town): N. C.

(State or country)

14 Informant: Hannah Everett

(Address): 927 Pierce

15 Filed JAN 11 1929 19 H. [illegible] JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 9d ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. E. Link M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Jan. 12, 1929

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS: 322 S Schroeder St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 41414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Burial Permit 49 E 41414

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Beechfield Av. ST. 25-11 WARD)

2-FULL NAME Kate Esther Dillinger

(a) RESIDENCE NO. Beechfield Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 74 yrs. 2 mos. 18 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel L. Dillinger

6 DATE OF BIRTH (month, day, and year) Aug 22/1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or ... min
74	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

PARENTS

10 NAME OF FATHER Francis Hutchinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Penna

12 MAIDEN NAME OF MOTHER Sarah Siebold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mifflinburg Penna

14 Informant (Address) Wm. C. Morgan Marshall (Son-in-Law) Arlington Park - Balto.

15 Filed 1 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9 1929

17

I HEREBY CERTIFY, That I attended deceased from 5-4, 1928, to 1-9, 1929, that I last saw her alive on 1-9, 1929, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF THYROID

(duration) yrs. 6+ mos ds.

CONTRIBUTORY (Secondary) CEREBRAL HEM. (?)

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jany 11 1929.

20 UNDERTAKER Stewart Homer Co — ADDRESS Balto.

Cor.—12-9-25—A Co.—200 Bks.

Clancy

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41415

REGISTERED NO. 31 E 41415

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Clancy

(a) RESIDENCE NO. 2328 E. Hoffman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15/1876

7 AGE	Years	Months	Days 24	IF LESS than 1 day ..... hrs. or ..... min.
	52	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER James Clancy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Mal[illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Edward J. Clancy

(Address) 2328 E. Hoffman St.

Filed JAN 11 1929 Harold Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Tubercular-5days

(Pathological Frac Femur)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. O'Brien M. D.

(Coroner)

1/11/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Jan 12 1929

20 UNDERTAKER Geo. J. Ruth ADDRESS 1735 Madison Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41416 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41416

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 W Fayette ST. 20-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur H Lane

(a) RESIDENCE No. 1817 W Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Lane

6 DATE OF BIRTH (month, day, and year) Jan 21 1866

7 AGE Years 62 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Willard C Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Elizabeth Mingo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Rebecca A Lane (Address) 1817 W Fayette

15 Filed 1/10/29 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10 1929

17

I HEREBY CERTIFY, That I attended deceased from Oct 1925 to Jan 10- 1929.

that I last saw him alive on Jan 10 1929.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Decompensation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Charles Carter, M. D.

1/10 1929 (Address) 2105 N Bolt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 1/12 29

UNDERTAKER Geo A Farley ADDRESS Fulton Fayette

FROM is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41417 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41417

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 1132 Warner ST. 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roland Gross.

(a) RESIDENCE NO. 1132 Warner ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 8-13-28

7 AGE — Years: — Months: 4 Days: 26 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimd.

PARENTS

10 NAME OF FATHER: Roland Gross.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimd.

12 MAIDEN NAME OF MOTHER: Turner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Roland Gross

(Address): 1132 Warner st

15 Filed ..... 19 .....

C. EMERSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 - 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 8, 1929, that I last saw h— alive on Jan 8, 1929, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

~~Endocarditis~~ Lobar

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. A. Cooke, M. D.

19 (Address) 501 N. Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cl — DATE OF BURIAL: Jan 11 1929

20 UNDERTAKER: A. F. Brown & Son — ADDRESS: 108 W Mondo-st

Spec.—2-29-28—L. F. S.—500 Bks.

E 41418 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41418

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 6-10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Indiana Jordan

(a) RESIDENCE NO. 124 No Madeira ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Wid

6 (a) If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: 47 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Records of

(Address):

JAN 1 1 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Jan 8 1929.

that I last saw her alive on Jan 8 1929

and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis with uremia

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. 12 mos. dy.

Unknown (duration) yrs. mos. dy.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Lab + Physical Exam

(Signed) J. M. Slack, M. D.

(Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: Jan 11 1929

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans st

Spec.—1-12-23—M&T—500 Bks.

E 41419

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

101-001 E 41419

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 N. Fayette Ave ST. 15-54 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Dunkin

(a) RESIDENCE NO. 2538 N Fayette Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Feb 12, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Patrick Dunkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Conn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Margaret C. Fein
(Address) 2538 Fayette Ave

15 Filed 1-11-1929, 19 HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10- 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/8- 1929, to 1/10- 1929.
that I last saw h[illegible] alive on 1/10- 1929
and that death occurred, on the date stated above, at 9.30 A.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Chas A Adams, M. D.
1/10, 1929 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 14, 1929
20 UNDERTAKER Charles H Lechner	ADDRESS 1532 Hollins St

Spec.—2-29-28—L. F. S.—500 Bks.

Sophia Gareis

E 41420 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 41420

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4511 Mainefeild ave ST., 27-43 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia Gareis

(a) RESIDENCE NO. 4511 Mainefeild ave ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John A. Gareis

6 DATE OF BIRTH (month, day, and year) Oct. 9-1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Schreiber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Otto C. Gareis

(Address) 4511 Mainefeild ave

15 Filed JAN 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 1, 1929, that I last saw h. alive on Jan 8, 1929, and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Jones, M. D.

Jan 10, 1929 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41421 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-00 E 41421

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Bruder.

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Bruder

6 DATE OF BIRTH (month, day, and year) July 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) — (State or country) Germany

PARENTS

10 NAME OF FATHER Gooding

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) Unknown

14 Informant Mt Hope Records

(Address) Mt Hope Retreat

JAN 11 1929 BALTIMORE, MD.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11. 1929

17 I HEREBY CERTIFY, That I attended deceased from dec 1924, to Jan 11, 1929.

that I last saw h alive on Jan 10, 1929.

and that death occurred, on the date stated above, at 1. a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Annapolis Md	Jan 14 1929
20 UNDERTAKER R L Hopkins	ADDRESS Annapolis Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41422

CERTIFICATE OF DEATH.

185 E 41422

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospt. St. 12-19 Ward)

2-FULL NAME James Slauter

(a) RESIDENCE NO. 320 20½ St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Logan Slauter

6 DATE OF BIRTH (month, day and year): Unknown 1876

7 AGE: Years 52 (53) | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Martha Long

(Address) 320 20½ St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 8 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc. Fall from Cot.

Fracture of Skull

(Duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Fall

(Duration) yrs. mos. ds.

(Signed) H. C. Wades, M. D.

(Coroner)

11/27, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial June 29 19

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS 1215 Eastlund Ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

E 41423

1—PLACE OF DEATH

REGISTERED NO. 1725

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tobias Brown

(a) RESIDENCE NO. 423 N Pine ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	+	+	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer +

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Ella Munder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Fannie Barton
(Address) 538 Orchard st

15 Filed ..., 19.. WILLIAM H. JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 29, to Jan 8, 19 29,

that I last saw h... alive on Jan 8, 19 29

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus
Malignant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted
If not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Luther B. Leith, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Jan 11 1929

20 UNDERTAKER John H Ohlmeyer

ADDRESS 538 Dolphin

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41424

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH.

E 41424

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2451 Maryland Ave. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Isabella Doyle

(a) Residence No. 2451 Maryland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Doyle.

6-DATE OF BIRTH (month, day and year) 1/29/1873.

7-AGE,	If LESS than 1 day,
55 yrs. 11 mos. 20 ds.	....hrs. or....min.?

10

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James M. Doyle

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER, Margaret Sammon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md.

14- (Informant) Mr John J. Doyle

(Address) 2451 Maryland Ave

15- Filed NOV 11 1929 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4 / 1929.

17- I HEREBY CERTIFY, That I attended deceased from June, 1929, to January 9th, 1929, that I last saw h[illegible] alive on January 8, 1929, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Dr Strauss

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Geo M Dyke M. D.

11/ , 19 29 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1/12/29
Mt Cathedral	

20-UNDERTAKER.	ADDRESS
Lahey & Sons	1318 Light

Spec.—2-29-28—L. F. S.—500 Bks. Removal from Sydenham O.K. 1.11.29.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Hospital 1-12-29 & Dr Frederick Kemp asst. Com'r of Health

E 41425 CERTIFICATE OF DEATH

REGISTERED NO. E 41425

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E. Davis

(a) RESIDENCE NO. West Baltimore General Hospital STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 12, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hospital-Student Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westernport Md

PARENTS

10 NAME OF FATHER Harry T. Davis

11 BIRTHPLACE OF FATHER (city or town) Kayser (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Hattie Dayton

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Harry T. Davis (Address) Chillicothe, Ohio

15 Filed ... 19 ... (Signature) Registrar

N 11 1929 NOS. 1 TO 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929. to Jan 10, 1929.

that I last saw h.e.r alive on Jan 10 1929

and that death occurred, on the date stated above, at 5.05 p. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever (Toxemia)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? West Baltimore General Hosp.

Did an operation precede death? Yes Date of Jan 4, 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & operation

(Signed) Addison Craft Utley, M. D.

1-11-1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Port Md	Jan 12 1929
20 UNDERTAKER	**ADDRESS**
Harry H. Weitzel	1531 W. Lombard St

Spec.—1-10-21 M&T 1500 Stks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41426

CERTIFICATE OF DEATH.

90 E 41426

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Taylor Home

CITY OF BALTIMORE: (No. 2001 Park Ave ST. 13-20 WARD)

2-FULL NAME Henrietta Ogden Moore

(a) RESIDENCE No. 2001 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	78	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Henry B Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Martha Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mrs Jessie M Ballinger
(Address) Entrance apts Wash. Dc

15 Filed JAN 11 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1928, to Jan. 10, 1929, that I last saw h[illegible] alive on Jan. 10, 1929, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Valvular Lesion

(duration) 10 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Hypostatic congestion lungs

(duration) — yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. F. Robinson, M. D.

Jan 11, 1929 (Address) 836 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jackson Mo DATE OF BURIAL Jan 11 1929

UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

(2) ITION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41427

11-001

CERTIFICATE OF DEATH.

E 41427

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2637 Fayette Northwest 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Heatman

(a) RESIDENCE NO. 2637 Fayette Northwest Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph Heatman

6 DATE OF BIRTH (month, day, and year): [illegible] 1867

7 AGE: Years 61 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town): [illegible]

(State or country): Russia

PARENTS

10 NAME OF FATHER: Lazar Weissman

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Cook

13 BIRTHPLACE OF MOTHER (city or town): [illegible]

(State or country): Russia

14 Informant: Jack Louis

(Address): 1439 E. Baltimore

15 Filed [illegible] 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Coronary Thrombosis

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D. (Coroner)

1/10, 1929 (Address) 2632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lehr Rosedale Jan 11 29 — Date of Burial 19

20 UNDERTAKER: Jack Louis — ADDRESS 1439 E Balto

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

41428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 41428

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Monroe ST. 15-21 WARD)

2-FULL NAME Mary Virginia Daily

(a) RESIDENCE NO. 1613 N. Monroe WARD
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Daily

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Eddie Ben Prentiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George W. Daily
(Address) 1613 Monroe

15 Filed JAN 11 1929 HAMILTON JONES, M. D. Registrar

via B & O R.R. C/O Lee W Bailey

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased from May 28 to Jan 9 1929

that I last saw her alive on Jan 9 1929

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elliott M. D.

19 (Address) 924 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reddville Va. DATE OF BURIAL Jan 11 1929

UNDERTAKER Wilmbook ADDRESS 1214 St Paul

C/O Lee W Bailey

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 41429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 E. Cross St. 2331 (Street and No.)

2-FULL NAME Robert H. Aynold.

(a) RESIDENCE NO. 1425 Olive St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 11, 1886.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Aymold.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary J. Sterling.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mrs. Charles Wilkinson. (sister)
(Address) 1425 Olive St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9. 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas. H. Reinhardt M. D.
(Coroner)

1/9 · 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial 1/12 1929

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41430

CERTIFICATE OF DEATH

REGISTERED NO. E 41430

1—PLACE OF DEATH Hebrew Aged Home

CITY OF BALTIMORE: (No. 5300 Belvedere Ave. ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Israel Goldstein

(a) RESIDENCE NO. Hebrew Aged Home ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864 ~~1844~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED 1/22/29

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis

(Address) 1439 E Baltimore St.

15 Filed JAN 1 1929 19 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-29

17 I HEREBY CERTIFY, That I attended deceased from Dec-22 1928 to Jan-11 1929 that I last saw him alive on Jan-11-1929 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

about 2 yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no Phys. Exam

What test confirmed diagnosis?

(Signed) Herman Seidel M. D.

1/11/29 (Address) 2404 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt. Carmel	Jan. 11-1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto -

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41431

CERTIFICATE OF DEATH.

101-001

E 41431.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp (St.) 14 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Nelson

(a) RESIDENCE NO. 1937 Penna Ave (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Nelson

6 DATE OF BIRTH (month, day and year) July 27 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver Coal truck.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md Jan 9 1929

(State or country)

PARENTS

10 NAME OF FATHER Jas. Nelson.

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Sophia Ward

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Rebecca Nelson

(Address) 1937 Penna Ave

15 Filed JAN 11 1929 EDWIN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year) Jan 9th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Date) Jan 9 1929 (Address) Coroner. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1-12 1929

20 UNDERTAKER Daniel Earley ADDRESS 916 Cathedral

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 41432

CERTIFICATE OF DEATH.

E 41432

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) President Hosp. St. 1124 (Ward)

2-FULL NAME Cornelia Frazier

(a) RESIDENCE NO. 854 Tyson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Frazier.

6 DATE OF BIRTH (month, day, and year): Aug 15-1910

7 AGE — Years: 18 — Months: 4 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer): 121

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: John Dukes

11 BIRTHPLACE OF FATHER (city or town): S. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Langley

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country)

14 Informant: Fred Frazier

(Address) 854 Tyson St

JAN 11 1929

Registered ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Jan 9th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) .....yrs. .....mos. One ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Jan 9th 1929 (Address) Corner

H. Leitch (Coroner) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: Jan 11 1929

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Eutaw

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41433 45 E 41433

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE (No. [redacted] ST., 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Levi Luzner

(a) RESIDENCE NO. 1618 N. Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: 48 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 0+0
(c) Name of employer

9 BIRTHPLACE (city or town). (State or country): Md

PARENTS

10 NAME OF FATHER Unobtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant Records of BALTIMORE CITY HOSPITALS (Address)

15 Filed [redacted], 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Jan 10, 1929, that I last saw him alive on Jan 10, 1929 and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH was as follows:
Probable Carcinoma of Intestine
Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Inguinal adenitis
(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam

(Signed) H. W. Hack M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Bur DATE OF BURIAL: 1-11 1929

UNDERTAKER: Hurd Easton ADDRESS: Balt

Cor.—12-9-25—A Co.—200 Bks.

E 41434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 41434.
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1203 Argyle St. 7-24 (Ward)

2-FULL NAME Ethel Washington.

(a) RESIDENCE NO. 1203 Argyle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years 32 (33) Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): (10)

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Henry Washington

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Peaker

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Eugene Washington

(Address) 1203 Argyle

Filed JAN 11 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Convulsion

(duration) yrs. mos. ds.

(Signed) H. E. Luck Coroner M. D.

, 19 (Address) North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial Jan 11 1929

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Park

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41435

CERTIFICATE OF DEATH.

90 E 41435

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 Noble ST. 26-24 (WARD)

2-FULL NAME Thomas Neenan

(a) RESIDENCE No. 3301 Noble ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) May 22 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	45	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jeremiah Neenan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Frahley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sadie Neenan (Address) 3301 Noble St

15 Filed JAN 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1928, to Jan 10, 1929, that I last saw him alive on Jan. 9, 1929, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Acu. Nephritis Caused by.
Chr. Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Fiskey, M. D.

, 19 (Address) 4328 Pattison St. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 1/14 1929

20 UNDERTAKER: D. Rockenwagner

ADDRESS: 727 Franklin Ave

(See instructions on back of certificates.)

Spec.—2-29-28—L. F. S.—500 Bks.

E 41436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41436

REGISTERED NO.

1—PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wright Geo A

(a) RESIDENCE NO. Westminster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Wright

6 DATE OF BIRTH (month, day, and year) June 9, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	7	9 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo E Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Gloss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clarence E. Wright.
(Address) R.F.D. Westminster, Md

15 Filed JAN 11 1929 19 Helen Johns, M.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 11, 1929, that I last saw h[illegible] alive on Jan 11, 1929 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia secondary to an operation for appendical abscess and generalized peritonitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 4 1929

Was there an autopsy? No

What test confirmed diagnosis? Findings at operation + clinical finding

(Signed) W. H. Vanney, M. D.

Jan 11, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Co. Md. Taylorsville Cemetery

DATE OF BURIAL Jany 13-1929.

20 UNDERTAKER C. M. Katz

ADDRESS Winfield, Md.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41437 100-001

CERTIFICATE OF DEATH

E 41437

1—PLACE OF DEATH Balto City Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Balto. Md ST. 9-46 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Weitzel

(a) RESIDENCE NO. 2785 Druid Park ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Wht	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Weitzel

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 29

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospt

(Address) Balto Md

15 Filed JAN 11 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-29

17

I HEREBY CERTIFY, That I attended deceased from 1-8, 1929 to 1-11, 1929

that I last saw him alive on 1-11, 1929

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Goldsmith M. D.

19 (Address) Belvedere Hotel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL 1/14/29, 19

UNDERTAKER Geo J Rutty Sons ADDRESS 30 Hafy

Spec.—2-29-28—L. F. S.—500 Bks.

(Efthimis)

E 41438

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 41438

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Efthimis

(a) RESIDENCE NO. 332 S. 14th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER John Efthimis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Evang. Elapes

(Address) 332 S. 14th St.

15 Filed 1 1 1929 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 9, 1929,

that I last saw h[illegible] alive on Jan 9, 1929

and that death occurred, on the date stated above, at 5 00 a. m.

The CAUSE OF DEATH* was as follows:

Massive Lobar Pneumonia Right Side

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Sill, M. D.

1/9, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Woodlawn Jan	12 - 1929

20 UNDERTAKER ADDRESS

F. W. Bazewski 1930 Eastern Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41439

CERTIFICATE OF DEATH.

E 41439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Druid Hill St. 14-29 Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Cooper

(a) RESIDENCE NO. 2222 Druid Hill St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Cooper

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 77 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker 69

(b) General nature of industry, business, or establishment in which employed (or employer): ~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Joseph A. Jackson
(Address): [illegible]

15 Filed 1-7-1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-10-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-8-1929 to 1-10-1929.

that I last saw her alive on 1-9-1929,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical signs & symptoms

(Signed) John A. Lapsley, M. D.

, 19 (Address) 1403 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 1-12-1929

20 UNDERTAKER: Mrs Charles G. Bailey — ADDRESS: 1421 Jefferson St

TION IS very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41440

CERTIFICATE OF DEATH

129

E 41440

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 W. Washington ST. 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Johnson

(a) RESIDENCE NO. 1421 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): S

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26 1881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hannah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Helen Rouse

(Address) 1421 Jefferson

C. HARRISON JONES, M.D.

Filed 1-11 1929, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 19 29 to Jan 8, 19 29

that I last saw her alive on Jan 8, 19 29

and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. O'Sullivan, M. D.

1-10, 19 29 (Address) 508 Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Osbourn Cemetery	1-12-1929

20 UNDERTAKER: Mrs Lotus D. Bailey ADDRESS: 1421 Jefferson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 41441

E 41441

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 S. Bond St., 3-4 Ward)

2-FULL NAME Wm J. Hugel

(a) RESIDENCE NO. 117 S. Bond St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 4/76

7 AGE — Years: 52 — Months: 2 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Wm Hugel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger

14 Informant Mollie Silberzahn

(Address) 4311 Parkwood Ave

15 Filed _____ 19____ HARRISON JONES, M. D. Registrar

11 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

A. Alcoholism

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 1 yrs. mos. 1 ds.

(Signed) H. Schaller M. D.

(Coroner)

1/12 19 (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contrarted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 1/12 1929

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41442 — Pro omnia — E 41442 Preston

CERTIFICATE OF DEATH

51

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1203 N. Bond ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth A. Smith

(a) RESIDENCE NO. 1203 N. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

*Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm T. Smith

6 DATE OF BIRTH (month, day, and year) June 19/51

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Elexander Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm T. Smith Jr.
(Address) 1107 N. Bond St.

15 Filed 1 1 1929 — C. HAMPSON JONES, M. D. Registrar — No. 2611

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/29

17 I HEREBY CERTIFY That I attended deceased from Nov. 26, 1928, to Jan 10 1929 that I last saw her alive on Jan. 9. 1929 and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) John G. Cannie M. D.

Jan 11. 1929 (Address) 26 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	1/14 1929

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 41443

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2096 E. Preston ST., 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Ford Buck

(a) RESIDENCE NO. 2209 E. Preston ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Henry J. Buck Sr.

6 DATE OF BIRTH (month, day, and year) Nov 20 58

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thos H. Mules

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry J. Buck
(Address) 2209 E. Preston St.

15 Filed ..... 19 CLAWSON JONES, M. D. Registrar

11 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1929, to Jan 10 1929, that I last saw her alive on Jan 10 1929 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical test

(Signed) F. E. Kramer, M. D.

Jan 11, 1929 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk — DATE OF BURIAL 1/11 1929

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41444

101-001

REGISTERED NO. E 41444

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 W Franklin ST. WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aggie Bonds Burnes

(a) RESIDENCE NO. 1410 W. Franklin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): 1-22-1901

7 AGE: Years 28 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. Deskuttle

9 BIRTHPLACE (city or town) (State or country): Kerstown S. C.

PARENTS

10 NAME OF FATHER: Nathan Bonds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hamlet N. C.

12 MAIDEN NAME OF MOTHER: Dora Blankney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Christiansburg Va

14 Informant: Addie Little

(Address) 324 N. Stricker

15 Filed 1-11 1929 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 19 29, to Jan 10, 19 29

that I last saw him alive on Jan 10, 19 29

and that death occurred, on the date stated above, at 3 05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) — (duration) yrs. mos. 01 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. N. Talcher, M. D.

1-10, 1929 (Address) 1115 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hamlet N. C.

20 UNDERTAKER: Charles G. Cooper

DATE OF BURIAL: 1-12 1929

ADDRESS 514 N. Calhoun St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41445 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901

E 41445

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 93-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Denny Diven

(a) RESIDENCE NO. 1609 Retreat St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30, 192

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Diven

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Nebi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Paul Diven

(Address) 1609 Retreat St-

15 Filed 1 1 1929 C. HAMPSON JONES, M.D. By AKR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 10, 1929, that I last saw him alive on Jan 10, 1929 and that death occurred, on the date stated above, at 8 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tuck, M. D.

1/10, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Jan 12 1929
20 UNDERTAKER Charles H Fechmer	ADDRESS 1532 Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41446

CERTIFICATE OF DEATH.

99 E 41446

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Home for the Aged of the D. of Ch. Ward

2-FULL NAME Mrs. Josephine Robinson.

(a) RESIDENCE NO. 460 N. Fulton Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 30 - 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Townsend

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Conner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Ethel Cruddy

(Address) 400 N Fulton Ave

Filed 1929 C. HAMPSON JONES, H. C.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 11 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to January 11, 1929, that I last saw h[er] alive on January 10, 1929, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Acute)

(duration) ✓ yrs. ✓ mos. 15 ds.

CONTRIBUTORY (Secondary) Arteria - Sclerosis

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Dio to Shannon, M. D.

1/10, 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Date of Burial Jan 12 1929

20 UNDERTAKER George J. Smith ADDRESS 153 Hollins

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

E 41447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41447

1—PLACE OF DEATH

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 722 Mowington Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Frances Johnson

(a) RESIDENCE NO. 722 Mowington Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Johnson

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John L. Abrahams

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Caroline Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Frances Johnson

(Address) 722 Mowington ave.

15 Filed 1-11 1929 C. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from for the past many years. to June 9, 1929.

that I last saw her alive on June 9, 1929

and that death occurred, on the date stated above, at a' m.

The CAUSE OF DEATH* was as follows:

Heart-disease & Pneumonia
& Bgr

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Now Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) W. K. Fogarty M. D.

1-10, 1929 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemy	Jan. 12, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-02

E 41448

1—PLACE OF DEATH. BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William L. Watts

(a) RESIDENCE NO. 534 E. 27 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Watts

6 DATE OF BIRTH (month, day, and year) Jan. 3-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo. Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Amelia Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 BALTIMORE CITY HOSPITALS

[illegible] Registrar

1 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-29

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 19[illegible], to 1-10-, 1929.

that I last saw him alive on 1-10-, 1929

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

unknown

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's (Hampden)	Jan. 12 1929

20 UNDERTAKER Horace A. Burgee ADDRESS 363 Falls Road.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 129

E 41449

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 837 E. 35th St. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ann Pearce

(a) RESIDENCE NO. 837 E. 35th St. ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Pearce

6 DATE OF BIRTH (month, day, and year): Sept. 13-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Mayo Co. Ire.

PARENTS

10 NAME OF FATHER: ——— Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lena Numbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Walter King
(Address) 837 E. 35th St.

15 Filed 1 1929, 19 [illegible] Registrar. C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 10-1929.

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Jan 10, 1929, that I last saw ... alive on Jan 10, 1929, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis and Arterio-Sclerosis.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

1/11, 1929 (Address) 846 W. North.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's (Hampden)	Jan. 12, 29.

20 UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Falls Road.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41450

E 41450

CERTIFICATE OF DEATH.

17-001 Dist 5799

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 Hull St. 24-36 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine White.

(a) RESIDENCE NO. 1426 Hull ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. White

6 DATE OF BIRTH (month, day, and year) July 18 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Martin J. White

(Address) 1426 Hull St.

C. HAMPSON JONES, M. D.

File No. 1929 Reg. No. 8444

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Jan. 10, 1929, that I last saw h— alive on Jan 9. 1929, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

Pleuro-Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

1. 11. 1929 (Address) 1426 Hull St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1-14 1929

20 UNDERTAKER Ellis Hale. 115 E Read St

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 41451

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Sister Hyacinthe de la Penitence

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 15 Aug 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Little Sister of

(b) General nature of industry, business, or establishment in which employed (or employer) the Poor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick McConnon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St

Filed 1-11-1929 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1928, to Jan 11, 1929, that I last saw h[illegible] alive on Jan 10, 1929, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of [illegible] (right) [illegible]

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Dr Bernard Lott, M. D.

1-11, 1929 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 12, 1929

20 UNDERTAKER Rela Wiedefeld 914 — ADDRESS Greenmount Ave

Keep important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 41452

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5268 Park Heights Ave. ST. 27-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles F.Meyers.Jr,

(a) RESIDENCE NO. 5268 Park Heights Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie B.Meyers,

6 DATE OF BIRTH (month, day, and year) December 1.1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles F.Meyers,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine B.Hirsch,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Howard F Meyers

(Address) 1634 N.Fulton Ave.

15 Filed 1 1 1929 C. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from June 6 1929 to June 9 1929

that I last saw him alive on June 6th 1929

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, both lobes

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Edema of lungs & failing heart action (duration) yrs. mos. hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Visible

(Signed) Edward Jones M. D.

(Address) 1005 N Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—2-29-28—1. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41453

CERTIFICATE OF DEATH

× 31

E 41453

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1643 N.Fulton Ave. ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Louise Swinney,

(a) RESIDENCE NO. Prospect Ave. Catonsville ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 2 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Swinney.Jr.

6 DATE OF BIRTH (month, day, and year) December 10.1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo.R.Ballard,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co.Md.

12 MAIDEN NAME OF MOTHER Corrine Chew,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.Md.

14 Informant Geo R. Ballard

(Address) 1643 Fulton Ave

15 Filed JAN 11 1929, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 10, 1929, that I last saw her alive on January 10 1929 and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis of brain & Spinal cord (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum & Spinal Fluid

(Signed) Chester Ruland, M. D.

1-11, 1929 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	19
20 UNDERTAKER	ADDRESS
Geo W Little	

Spec.—1-10-21—M&T—1500 Blks.

E 41454 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin F Hanna

(a) RESIDENCE NO. Columbia Pike, Ellicott City, Md. (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced —HUSBAND of ~~(or) WIFE of~~ Varina Davis Herbert Hanna

6 DATE OF BIRTH (month, day, and year) Jan 26 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	62	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Harford County Maryland.

PARENTS

10 NAME OF FATHER William Finney Hanna

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Anne Berry

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. (State or country) Maryland.

14 Informant Varina Herbert Brackenridge (Address) Ellicott City

15 Filed JAN 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Jan 11, 1929, that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

gastric hemorrhage

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) hypertension (duration) 8 yrs ? mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edmund Kelly, M. D.

Jan 11, 1929 (Address) 1415 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellicott City Md. DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Scott M. Shaw ADDRESS Ellicott City Md.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41455 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129 E 41455

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 11-22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Friedmann

(a) RESIDENCE NO. Plymouth Hall Apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wenka Friedmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Prager

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Wm. H. Friedmann

(Address) Emerson and Cyl

15 Filed 1 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/ 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929 to Jan 11 1929.

That I last saw him alive on Jan 11 1929,

and that death occurred, on the date stated above, at 7:05 m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Arterio - Sclerotic Cardio - Vasc. Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Lab

(Signed) Herman Chor M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 1/13/ 1929

20 UNDERTAKER Harry Sondheim

ADDRESS 115 S. Howard St.

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 41456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41456

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 12-49 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Burke

(a) RESIDENCE NO. 3507 N. Charles St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years: about 70 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Nome of employer: Mrs Coulston

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

No Superintendent of Ohio Penitentiary Known

14 Informant: Mrs C L Reuter (Address) 419 E Eliza St

15 Filed NOV 11 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-29

17 I HEREBY CERTIFY, That I attended deceased from 12-19, 1928, to 1-9, 1929, that I last saw her alive on 1-9, 1929, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Hemorrhage

From - Entron ulcers

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis - circulatory failure

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did on operation preeede deoth? No Data of

Was there on autopsy? Yes.

What test confirmed diagnosis?

(Signed) Frances W. Fuller, M. D.

1/10, 1929 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — Date of Burial: Jan 12 1929

20 UNDERTAKER: J J Jenkins & Son Co — ADDRESS: Eutaw & Lee St

IMPORTANT—Physicians should state CAUSES of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Lavergnetta)

E 41457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41457

CERTIFICATE OF DEATH.

101-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Stylus St ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicola Lavergnetta

(a) RESIDENCE NO. 915 Stylus St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary Lavergnetta

6 DATE OF BIRTH (month, day, and year) August 10 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33 3 4.	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Ramona Lavergnetta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Louisa Mandrea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant (Address) Rafel. Garabetta 915 Stylus St

15 Filed 1 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-6-1929 to 1-9-1929

that I last saw him alive on 1-9-1929

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute myocardial dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Bruno M. D.

1-11 1929 (Address) Medical arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dorsey Protestant	Jan 10 1929
20 UNDERTAKER	ADDRESS
Kendall & Hupp	300 N Colvert

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41458 E 41458

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3310 Bateman ave (WARD) 15-65

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E Leilich

(a) RESIDENCE NO. 3310 Bateman ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Michael Leilich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Etzweiler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo W Schilling

(Address)

15 Filed 1-1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 13 1928, 19..., to Jan 10 1929, 19...

that I last saw her alive on Jan 10 1929, 19...

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris Few Minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Dr. F. Leilich, M. D.

1-1 19-29 (Address) 3400 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Frederick Md	Jan 12 1929
20 UNDERTAKER	ADDRESS
Geo Schilling & Sons	1126 E Monument

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41459

CERTIFICATE OF DEATH

90

E 41459

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 26-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary R. Murphy.

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. — ds. —How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 5-21-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Some

(c) Name of employer Some

9 BIRTHPLACE (city or town) Bethlehem (State or country) Pa

PARENTS

10 NAME OF FATHER Patrick Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Morgan Madden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt Hosp. Records

(Address) Mt Hope Retreat

15 Filed 1 1 1929, 19 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11. 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Jan 11, 1929, that I last saw h.. alive on Jan 10, 1929 and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(Cardiac Insufficiency)

(duration) yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Senescentia

(duration) 8 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Peel, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa

DATE OF BURIAL 1/12 1929

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1827 North

Spec.—1-10-21—M&T—1500 Blks.

E 41460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41460

CERTIFICATE OF DEATH. 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. (ST.) 2-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sandsman

(a) RESIDENCE NO. 305 S. W. Sp. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Sandsman

6 DATE OF BIRTH (month, day, and year): Feb 18 1897

7 AGE: 31 Years 10 Months 25 Days. If LESS than 1 day, hrs. or min.

32

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soap Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Retail

(c) Name of employer: Reader

9 BIRTHPLACE (city or town) (State or country): Reading Pa.

PARENTS

10 NAME OF FATHER: Morris Sandsman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Reading Pa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Reading Pa

14 Informant (Address): Anna Sandsman 305 S W Sp

15 Filed 1 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/10 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/9 1929 to 1/10 1929, that I last saw h[illegible] alive on 1/10 1929, and that death occurred, on the date stated above, at 11:45 Am.

The CAUSE OF DEATH* was as follows:

Uremia

Myocardial Insufficiency (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical Examination

(Signed) A. L. Silver, M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Stanislaus | DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: John M Weber | ADDRESS: 401 S Charles St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 41461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 129 E 41461

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 E Baer St 6-11 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James A. Miley

(a) RESIDENCE NO. Middleborough Baltimore Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Miley

6 DATE OF BIRTH (month, day, and year): Oct 1 1860

7 AGE: Years 68 Months 3 Days 10 If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Self 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Miley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lydia Ayres

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Emma Miley

(Address): Middleborough Md

15 Filed 1 1 1929, 19 HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 27 to Jan 10, 19 29, that I last saw h alive on Jan 10, 19 29 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Valvular disease

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. F. Mann M. D.

, 19 (Address) Rossville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan. 15, 1929

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St & Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41462

CERTIFICATE OF DEATH.

90 E 41462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St., 6-11 Ward)

2-FULL NAME John Horvath

(a) RESIDENCE NO. 1316 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Horvath

6 DATE OF BIRTH (month, day, and year): May 25 1883

7 AGE: Years 45 Months 7 Days 15

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Transfer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: W. Fahs

9 BIRTHPLACE (city or town):

(State or country): Hungary

PARENTS

10 NAME OF FATHER: Lawrence Horvath

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Hungary

12 MAIDEN NAME OF MOTHER: Wilkinson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Hungary

14 Informant: Mary Horvath

(Address): 1316 Hanover St

15 Filed 1 1 1929 Per C. HARRISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Edema

(Duration) 2 yrs. mos. 1 ds.

Signed) G. E. Pedd, M. D.

(Coroner)

6/29, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial 7/4 1929

20 UNDERTAKER: [illegible] ADDRESS 121 S Eden

Do not write in plain spaces. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Cor. must properly classified, so that it may be proper

Spec.—1-12-23—M&T—500 Bks.

Dr Keyser

E 41463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41463

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Loyola South ST 5-38 WARD)

2-FULL NAME Lillian Marie Graves

(a) RESIDENCE NO. 2633 Loyola Southway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 28 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	7.	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charlotte N C
(State or country)

PARENTS

10 NAME OF FATHER Rufus J Grave

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Hallie Allen

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Rufus J Graves
(Address) 2633 Loyola South

15 Filed JAN 1929, 19 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Jan 11, 1929, that I last saw h[illegible] alive on Jan 10 11 P.M. 1929 and that death occurred, on the date stated above, at 1.17 P m.

The CAUSE OF DEATH was as follows:

Uraemia cardiac.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Mitral Stenosis & Acute Dilatation (duration) abt 1 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Physical

(Signed) [illegible] M. D.

, 19 (Address) Wentworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga. DATE OF BURIAL Jan 11 1929

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul

via P.R.R. Baltimore Md. - Y. Rufus J.

See instructions on back of certificates. IT IS VERY important

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41464 E 41464

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 90

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD) 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Valozi Olaki

(a) RESIDENCE NO. Baltimore City Alms House, WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 [redacted] C. Edison Jones M.D. (Address) 3128 Greenmount Ave.

JAN 2 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-29

17 I HEREBY CERTIFY, That I attended deceased from 8-8 1892 to 1-9 1929, that I last saw him alive on 1-9 1929 and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial insufficiency

several weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Incidental) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

19 [redacted] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JAN 11 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-002 E 41465

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. 2331 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Barnes

(a) RESIDENCE NO. 916 Leaden Hall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 42 Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records of

(Address) BALTIMORE CITY HOSPITALS

15 JAN 21 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-29

17 I HEREBY CERTIFY, That I attended deceased from 1-7, 1929, to 1-10, 1929, that I last saw him alive on 1-10, 1929, and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows: Thrombosis Probable Embolism of Cerebral artery

Neg knowledge - no history obtained

CONTRIBUTORY (Secondary) (duration) yrs. mos. 3 ds. 0

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Laboratory

(Signed) H. M. Hurd M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch

DATE OF BURIAL Jan 13 1929

20 UNDERTAKER L. L. Brown'son

ADDRESS 105 W. Lloyd St

Spec.—1-12-23—M&T—500 Bks.

E 41466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41466

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. C.B.) 02-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Folks

(a) RESIDENCE No. 771 Dover st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 1-2 1929, 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1928, to Jan. 10, 1929,

that I last saw him alive on Jan. 10, 1929

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Rheumatic fever

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

1-11 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion et	Jan 14 1929
20 UNDERTAKER	ADDRESS
I R Brown & Son	108 W. Monty

See instructions on back of certificates. It is very important

Cor.—12-9-25—A Co.—200 Bks.

E 41467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 41467

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1420 Mosher St (Ward) 14-20

2-FULL NAME Andrew P. Hughes-(Putney)

(a) RESIDENCE NO. 1420 Mosher St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced? (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): Sept 16-1928

7 AGE: Years — Months: 3 — Days: 24 — IF LESS than 1 day.....hrs. or.....min. 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER: Otis Hughes

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country)

12 MAIDEN NAME OF MOTHER: Georgella Putney

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Georgella Putney

(Address) 1420 Mosher St

15 Filed Jan 2 1929 G. HAMILTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) G. Lynch M. D.

(Address) (Coroner) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem Date of Burial Jan 12 29

20 UNDERTAKER: Samuel T Hemsley ADDRESS 1308 Bolton

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 41468

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3 Wheeler Ave. St. 70-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lillian Bacon

(a) RESIDENCE NO. 3 Wheeler Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 9, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Bacon

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada Smerdon

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mr. Thomas Bacon

(Address) 3 Wheeler Ave.

15 [illegible] 19 [illegible] Registrar

1 2 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Sudden)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. Ramsey M. D.

(Coroner) C. S. Test

1/11, 1929 (Address) 3601 Third St, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Jan. 14 1929

20 UNDERTAKER Fred M. Cook ADDRESS 1002 West Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41469

CERTIFICATE OF DEATH.

74-081 E 41469

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier 1 Pratt St. St. 15-61 Ward)

2-FULL NAME Alexander H. Seth

(a) RESIDENCE NO. Springdale ar. 3706 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipmaster

(b) General nature of indnstry, business, or establishment in which employed (or employer) Steamships

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER A. H. Seth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER A. Hopkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. A. H. Seth

(Address) 3706 Springdale

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac hemorrhage

duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 12 1929 (Address) City Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Jan 12 1929

20 UNDERTAKER Wm Cook ADDRESS 1127 E. Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 21929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41470

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-17 ST.) REGISTERED NO.

(WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mc Kibbon Talheim

(a) RESIDENCE NO. 1737 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Talheim

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David M. Talheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary E Horker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Rec'd Sr

(BALTIMORE CITY HOSPITALS)

15 Filed 1 2 1929 C. CLARENCE JONES [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9-29

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 1928, to 1-9, 1929, that I last saw h[illegible] alive on 1-9, 1929 and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, interstitial, with uremia

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) ? yrs. mos. ds.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/14 1929

20 UNDERTAKER E. J. Fanning & Son

ADDRESS 1386 Lafayette Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41471

CERTIFICATE OF DEATH.

× 90 ✓ E 41471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 East Lane, Roland Park 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Best Mole

(a) RESIDENCE. No. 313 East Lane, Roland Park WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Rebecca Bar Torbert Mole

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poquonock Connecticut U.S.A.

PARENTS

10 NAME OF FATHER William Mole

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Janet Best

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant K. E. Sommer

(Address) 313 East Lane Roland Park

15 Filed 1 21 1929 C. HAMPSON JONES, M. D., Registrar.

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1929. to Jan 11, 1929. that I last saw h.m alive on Jan 11, 1929. and that death occurred, on the date stated above, at 2.22 A.m. The CAUSE OF DEATH* was as follows:

Acute Capillary Bronchitis

(duration) yrs. mos. 5 ds.

CONTRIPUTORY (Secondary) Senile myocarditis

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustave C. Wohmel, M. D.

1/11, 1929 (Address) 3014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md. DATE OF BURIAL Jan 12 1929.

20 UNDERTAKER Stewart & Koontz Co. ADDRESS Balto.

TION is very important. See instructions on back of certificates.

If may be properly classified. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 41472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41472

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2428 Harlem Av ST. 16 66 WARD)

2-FULL NAME Robert Taylor Vincent

(a) RESIDENCE No. 2428 Harlem Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 51 yrs 0 mos 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Fisk Vincent

6 DATE OF BIRTH (month, day, and year) Jan 9 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	51	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer) Photography

(c) Name of employer Self

9 BIRTHPLACE (city or town) Dashville
(State or country) Penna

PARENTS

10 NAME OF FATHER Henry Vincent

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) Wales

14 Informant Mrs Emma F. Vincent (wife)
(Address) 2428 Harlem Av

15 Filed ..... 19 .....
Registrar

C. HARRISON JONES, M. D.

N 12 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11- 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan-4 , 1929 , to Jan 11 , 1929.

that I last saw him alive on Jan 11 , 1929

and that death occurred, on the date stated above, at 6 P m

The CAUSE OF DEATH* was as follows:

Adriplar Heart disease + Arteriosclerosis 10 or more yrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) do not know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A D Younglove M. D.

1-12 19 (Address) 1170 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dansville - Pa DATE OF BURIAL Jan 14 1929

20 UNDERTAKER Stewart Mortuary Balto. ADDRESS

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified. So that it

Cor.—12-9-25—A Co.—[illegible]0 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41473

CERTIFICATE OF DEATH

90 E 41473

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 422 N. Kenwood Ave St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Bauernschub

(a) RESIDENCE NO. 422 N. Kenwood Ave St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Bauernschub

6 DATE OF BIRTH (month, day, and year) July 27/1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	5	14	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Ont

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Kalb

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Kungenda Knorr

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant George W. Townsend

(Address) 422 N. Kenwood Ave

15 Filed 1 2 1929 19____ By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10-1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Culler M. D.
(Coroner)

19 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carlton Cemetery Date of Burial Jan 15th 29

20 UNDERTAKER Bros. C. Fuller & Son ADDRESS 2324 Jeffer

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

important. See instructions on back of certificates. | WRITE PLAINLY IN INK. | DO NOT USE ABBREVIATION IN ANY OCCUPATION

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41474

CERTIFICATE OF DEATH

38 E 41474

1—PLACE OF DEATH Balto City Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Balto Md ST. 19-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Velton

(a) RESIDENCE NO. 1308 W. Henry St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., If foreign birth? 19 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Velton

6 DATE OF BIRTH (month, day, and year) Oct 26 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roumania

PARENTS

10 NAME OF FATHER George Velton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Marie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roumania

14 Informant Baltimore City Hospitals (Address) Baltimore Md

15 Filed 2 1929 G. HARRISON JONES, II. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—11—29

17 I HEREBY CERTIFY, That I attended deceased from 10—13—, 19 28 to 1—11—, 19 29

that I last saw him alive on 1—10, 19 29

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

Duration 3 mos

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardio Sclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Pathological & Clinical findings

(Signed) Harry Stewart, M. D.

1/11, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 1/14 1929

20 UNDERTAKER Robert Brooks & Son ADDRESS Calhoun Hollins &

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41475

CERTIFICATE OF DEATH

101-001 E 41475

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 20-69 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jerome F. McEvoy

(a) RESIDENCE NO. 7608 Fountla ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS:

10 NAME OF FATHER D. F. McEvoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Sister

(Address) BALTIMORE CITY HOSPITALS

15 Filed 1-2-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-8, 1929, to 1-10, 1929, that I last saw him alive on 1-10, 1929, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & X-Ray

(Signed) H. M. Hynes (M. D.)

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 12 1929
20 UNDERTAKER	ADDRESS
A Stake	615 W. Fulton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41476

CERTIFICATE OF DEATH

11-08

E 41476

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Calverton Rd) (WARD) 30-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Henry Schmelzer

(a) RESIDENCE NO. 102 S. Calverton Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 27 - 1901

7 AGE — Years: 27 — Months: 3 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bed spring

(b) General nature of industry, business, or establishment in which employed (or employer): maker 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Otto Schmelzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Knopf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Otto Schmelzer

(Address) 102 S. Calverton Road

15 Filed DEC 12 1929 — G. Harrison Jones — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Jan 9, 1929

that I last saw him alive on Jan 9, 1929

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Labor Prolonged

Asphyxia

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 11 ds. death.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C Mitchell M. D.

1/11, 1929 (Address) 2151 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan. 12 1929

20 UNDERTAKER: George L. Schwab — ADDRESS: 120 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41477 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41477

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Woodbine Ave. 2865 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie Foos,

(a) RESIDENCE NO. 4001 Woodbine Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word)
Female	White	Married

a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John C. Foos,

6 DATE OF BIRTH (month, day, and year) October 11. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	3	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER John Mc Dermant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant John C Foos

(Address) 4001 Woodbine Ave.

15 2 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from 1-6-, 1929, to 1-11-, 1929 that I last saw h[illegible] alive on 1-11-, 1929 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 5 dy.

CONTRIBUTORY (Secondary) Mitral - Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Amerith Sorace, M. D.

1/11, 1929 (Address) 3705 Liberty Hts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41478

CERTIFICATE OF DEATH.

188-103

E 41478

21-31

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charle M. Whetzel.

(a) RESIDENCE NO. 533 W. Hamburg St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) December 1, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipefitter

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland.

PARENTS

10 NAME OF FATHER William H. Whetzel.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Laura McLain.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland.

14 Informant Albert H. Whetzel.

(Address) 3801 Cedardale Rd.

15 Filed 1 2 1929 C. HAMPSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by an automobile
Accidental Death.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Otto Leonhardt M. D.
(Coroner)

1/12 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death? Fort Riverside Ques. Many. 10, 1929

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Virtue Cem Harmony Funeral Home Date of Burial 1/12 1929

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-25—L. F. S.—500 Bks.

E 41479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41479

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. # 113 So Poppleton ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas P. Donohoe

(a) RESIDENCE NO. # 113 So Poppleton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of " " "

6 DATE OF BIRTH (month, day, and year) March 12, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B.&.O.R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Donohoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary A. Flynn

(Address) 113 So Poppleton St.

15 JAN 2 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 192

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1929 . to Jan 10 . 1929 .

that I last saw h alive on Jan 10 . 19 29 .

and that death occurred, on the date stated above, at 4. p m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) 1 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Sign & Sx.

(Signed) C. Harrison Jones, M. D.

1/13/29 (Address) 888 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery.	Jan 14, 1929.
20 UNDERTAKER	ADDRESS
Jno Cowan & Son	[illegible]

Cor.—12-9-25—A Co.—200 Hks.

E 41480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 992

E 41480

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Gent

(a) RESIDENCE NO. 3312 Fait Ave St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 20 1928.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Walter E. Gent

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna M. Remmer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Anna M. Gent

(Address) 3312 Fait Ave

Filed ..... E. C. HAMPSON JONES, M. D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Gangrene

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Moore M. D.

(Coroner) Investigator

1/11, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery Date of Burial Jan 12 1929

20 UNDERTAKER: Tilley & Zeisler Inc. ADDRESS 4120 Wolfe St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1 2 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1016001

E 41481

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Tilest ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna A. Wunder

(a) RESIDENCE NO. 2124 Tilest ST., 1 WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29/28

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Nicholas Wunder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Amanda Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Nicholas Wunder

(Address) 2124 Tilest St.

15 Filed JAN 21 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10th 1929

17 I HEREBY CERTIFY, That I attended deceased from 4/6, 19 29, to 1/10, 19 29,

that I last saw h. alive on 1/7, 19 29

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Otitis purulent & mastoiditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & x-ray

(Signed) Jos. L. Ambrose, M. D.

(Address) 1215 E. Monument 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 12 1929

20 UNDERTAKER Eisley & Zeiler Inc. ADDRESS 403 S. Mosher St.

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41482

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Eastern ave ST., 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Kane

(a) RESIDENCE No. 2025 Eastern ave ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1928

7 AGE — Years: — Months: 6 Days: 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER Henry Kane

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Cecelia Crisp

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Henry Kane (Father) (Address) 2025 Eastern ave

15 1 2 1929 C. THOMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929, to Jan. 11, 1929, that I last saw him alive on Jan. 11, 1929, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Primary) (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Pul. Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas J Feinglos M. D.

1/12 1929 (Address) 1900 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state TION is very important. See instructions on back of certificates. AGE in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 41483 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41483

11-009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1120 (Street) What Coat (Ward) 16-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ornata Height

(a) RESIDENCE. No. 1120 (Street) What Coat

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan-9-1928

7 AGE: Years: 1 Months: — Days: 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Height

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Pearl Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Sarah Fox (Address) 1832 Westwood Ave

15 Filed 1-12 1929 C. PEARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-10- 1929 to 1-11- 1929

that I last saw h[illegible] alive on 1-11- 1929

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Empl

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1120 What Coat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Watkins M. D.

19 (Address) 1018 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 12 1929

20 UNDERTAKER: Virginia A Brooks

ADDRESS: 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41484

CERTIFICATE OF DEATH.

129 E 41484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 W. Lanvale St. 11-24 Ward)

2-FULL NAME Mrs Helen M Forrest

(a) RESIDENCE NO. 303 west Lanvale St. W Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence H. Forrest

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. F. Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Clarence H. Forrest

(Address) 303 W. Lanvale St.

15 DEC 1 2 1929 19 C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929

Jan 11. 1940 A m

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Jan 11, 1929, that I last saw h-- alive on Jan 10, 1929, and that death occurred, on the date stated above, at 11.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Brights) Chronic Interstitial nephritis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

1/11, 1929 (Address) 2458 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Hanover, Pa. Date of Burial Jan 13, 29

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS 1900 Eutaw St.

If cause should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41485

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Spring ST 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. McCoy

(a) RESIDENCE NO. 15 N. Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 (57)	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

040

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hester Carroll

(Address) 15 N. Spring St

15 Filed Jan 19 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1928, to Jan 11, 1929,

that I last saw him alive on Jan 11, 1929,

and that death occurred, on the date stated above, at 5-83 A m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(duration) 1 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

(duration) ? yrs. 3? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Calvin B. Le Compte, M. D.

, 19 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Jan 14, 1929

20 UNDERTAKER Edward Bryan — ADDRESS 169 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1 21 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 41486

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3204 E. Fairmount Ave. WARD) 2nd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa Tamartina

(a) RESIDENCE NO. 3204 E. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Tamartina

6 DATE OF BIRTH (month, day, and year) Nov. 10 1887

7 AGE Years 41 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Pa.

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster, Pa.

12 MAIDEN NAME OF MOTHER Coldnow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Chas Tamartina

(Address) 3204 E. Fairmount Ave

15 Filed JAN 12 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 , 19 28 to Jan. 9 , 19 29

that I last saw her alive on Jan. 9 , 19 29

and that death occurred, on the date stated above, at 11 58 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung & metastasis to liver

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3054 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/12 19 29

20 UNDERTAKER J. J. Moran

ADDRESS 300 E. Balto

N 1 21929

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41487

CERTIFICATE OF DEATH.

89 E 41487

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 (St.) Ruckstar (Ward) 27-44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irsinius O Mohr

(a) RESIDENCE NO. 2706 (St.) Ruckstar (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 5-6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7, 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
73 74	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister Reverend

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Williams Port Pa

PARENTS

10 NAME OF FATHER: Frank Mohr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Allentown Pa

12 MAIDEN NAME OF MOTHER: Kathrin Koppel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Allentown Pa

14 Informant (Address): Mrs Mohr 2706 Ruckstar

15 Filed JAN 12 1929 C. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11/29 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 14/27 19 to Jan 11/29 19

that I last saw h— alive on Jan 10/29 19

and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry B Koll M. D.

Jan 11/29 (Address) 1703 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Pa.

DATE OF BURIAL: 1/14 29

20 UNDERTAKER: J. A. Moran

ADDRESS 320 E. Baltimore

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41488

CERTIFICATE OF DEATH

29

E 41488

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 3-5 Ward)

2-FULL NAME Sidney Thorfinnson

(a) RESIDENCE NO. 1012 Eastern Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16 - 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	22	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer) Printer
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ole Thorfinnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Iceland

12 MAIDEN NAME OF MOTHER Louise Waller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Ole Thorfinnsson
(Address) 1012 Eastern Ave

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tetanus.
Injured right hand - revolver - Jan 1 - 1929. (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gilbert, M. D.

1/10. 1929 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Jan 13 1929
20 UNDERTAKER	ADDRESS
John Welsh	2[illegible] Eden St

JAN 12 1929 C. HAMPSON JONES

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

Tierney

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41489

CERTIFICATE OF DEATH

129 E 41489

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. 5000 Caton Ave., Ward) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Tierney

(a) RESIDENCE NO. 21 North Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. Tierney

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE 80 Years Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER James Leary

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Jenkins Memorial Hospital

(Address) 5000 Caton Avenue

15 Filed 1 2 1929 H. MATTSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 5-29, 1928, to 1-11, 1929, that I last saw h[illegible] alive on 1-10, 1929, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerosis

Myocarditis Chronic

Nephritis Chronic

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. M. Emerson, M. D.

. 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

Date of Burial 6/14/29

20 UNDERTAKER Engelke Funeral

ADDRESS Edmondson Village

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41490 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 63 (WARD)

2-REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Emma Egan

(a) RESIDENCE NO. St Agnes Hospital (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Egan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Sara C. Griswold

(Address) 1814 Rosedale St

15 Filed JAN 12 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 11, 1929.

that I last saw h alive on Jan 11, 1929

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

Years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 9, 1929

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Nicholas J. Bonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1604 N. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 44491 HEALTH DEPARTMENT—CITY OF BALTIMORE 22134

CERTIFICATE OF DEATH. 10 E 41491

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (ST.) 7-13 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F Snyder

(a) RESIDENCE NO. 1598 E Pratt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Annie Snyder

6 DATE OF BIRTH (month, day, and year) Mar 29th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 013

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Adam Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gatterell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 JAN 12 1929 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 10 1929, that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 9 00 a. m.

The CAUSE OF DEATH* was as follows:

Abdominal Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) - None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray

(Signed) C H Bruns M. D.

1/11, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 14th 1929

20 UNDERTAKER George Schulting & Sons — ADDRESS 1556 E Monument St

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41492

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Winton

(a) RESIDENCE NO. 308 Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Winton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 [redacted]

1 2 1929 3129 C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-29

17

I HEREBY CERTIFY, That I attended deceased from 12-26, 1928, to 1-8, 1929, that I last saw him alive on 1-8, 1929, and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Senile Dementia; Arteriosclerosis, (duration) yrs. mos. 2 ds.

Ulcer Left Hallux (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hurd M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

By Commissioner Health

JAN 12 1929

This certificate is important. See instructions on back of certificates.

Strictly classified. Exact statement of OCCUPATION is necessary

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41493

CERTIFICATE OF DEATH

101-001 E 41493

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Willie Jackson

(a) RESIDENCE NO. 606 Mount ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Not able to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 JAN 2 1929 C. HAMPSON JONES, Registrar. By 3130

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 9 1929

that I last saw him alive on Jan 9 1929

and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Laboratory

(Signed) H. [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

JAN 14 1929

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41494

CERTIFICATE OF DEATH.

H-E 41494

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. [illegible] Caroline St., [illegible] WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Catherine Manoes (Manoe)

(a) RESIDENCE NO. 1823 N Fulton Ave St., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Sam Manoes

6 DATE OF BIRTH (month, day, and year): May 6-1876

7 AGE — Years: 52 — Months: 8 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Westminster Md

PARENTS

10 NAME OF FATHER: Wm J. Babylon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sam Manoes

(Address) 1823 N. Fulton Ave

15 DEC 1 2 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-11 1929

17

I HEREBY CERTIFY, That I attended deceased from 12-1-28, 19 , to 1-11-29, 19 , that I last saw h[illegible] alive on 1-11-29, 19 , and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Toxaemia of Pregnancy (duration) [illegible] yrs [illegible] mos

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-1-29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A B Hendrix M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Meadowbrook Cem. Balto Co. Md. DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: Chas. E. Franck ADDRESS 887 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41495

CERTIFICATE OF DEATH.

12 9 E 41495

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 E. Chase St. 10-14 Ward)

2-FULL NAME Louise Nolan

(a) RESIDENCE NO. 717 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
~~Male~~ Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John T. Nolan

6 DATE OF BIRTH (month, day, and year) August 10-1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Seibold

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Heidler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Nolan
(Address) 717 E. Chase St

15 Filed 12 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Jan 11 1929, that I last saw h.. alive on Jan 11 1929, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Diabetes Mellitus
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis 2 days
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Hurley M. D.
12-9-29 (Address) 606 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 11 14 1929

20 UNDERTAKER Chas. P. Wanek & Son ADDRESS 1181 W. Mt. Royal Ave

DEC 12 1929

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41496

CERTIFICATE OF DEATH

90 E 41496

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 628 S Montford Ave. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Grzech

(a) RESIDENCE NO. 628 S Montford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Grzech
(Address) 628 S Montford Ave

15 Filed ....., 19 .....

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929 to Jan. 10, 1929.

that I last saw him alive on Jan. 9, 1929

and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Tilghman, M. D.

, 19 (Address) 432 Patterson Pk Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Jan	17 1929
20 UNDERTAKER	ADDRESS
John M Weber	402 Chester

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Smyth

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41497

CERTIFICATE OF DEATH

90 E 41497

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 336 E. 22nd. St. ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Agnes Smyth

(a) RESIDENCE NO. 336 E. 22nd. St. ST., WARD
(Usual place of abode) (If non-resident give rity or town and State)

Length of residenre in rity or town where death ocrurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorred, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Smyth

6 DATE OF BIRTH (month, day, and year) October 3, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	7	

8 OCCUPATION OF DECEASED

(a) Tradr, profession or particular kind of work None

(b) Generai nature of industry, businrss, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Thomas Denvir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William R. Smyth

(Address) 336 E. 22nd. Street

15 Filed 1 2 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1929

17

I HEREBY CERTIFY, That I attended deceased from December 31, 1928, to January 10, 1929

that I last saw her alive on January 10, 1929

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 5 Yrs.

Chronic Myocarditis 2 Yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Serondary) Pneumonia (Bronchial)

(duration) yrs. mos. 10 ds.

18 Where was disease rontracted if not at plare of death?

Did an oprration prrrede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas. V. Carmichael M. D.

1/12, 1929 (Address) 24 W. Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Naturr of Injury, and (2) whether Accidental, Suiridal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/14 19 29
20 UNDERTAKER	ADDRESS
Henry W. Meers & Son	805 N. Calvert St.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr. Stansbury 714 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41498

CERTIFICATE OF DEATH

X 11-001

E 41498

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Park Ave ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Earl Treat (Treat)

(a) RESIDENCE NO. 716 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6 DATE OF BIRTH (month, day, and year) Nov. 28 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Clement E. Wall

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Ethel Treat

(Address) 524 Front St. Portsmouth Ohio

Filed JAN 13 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6. 1929, to Jan 12 1929, that I last saw him alive on Jan 12 1929 and that death occurred, on the date stated above, at 930 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) H. H. Stansbury, M. D.

1/12. 1929 (Address) 714 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Ohio	Jan 17 1929
20 UNDERTAKER Wm Cook.	ADDRESS 1217 St Paul

Jan 13 1929

Jan. 14 1929

Jno. Park.

Important. See instructions on back of certificates.

Strictly classified. Exact statement of OCCUPATION is very

Spec.—7-17-26—A Co.—200 Bks.

John Kearns

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41499

41499

CERTIFICATE OF DEATH

REGISTERED NO. 13-52

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kearns

(a) RESIDENCE NO. 6047 Falls Road St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 3 da. How long in U. S. if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Mount Washington

(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Kearns

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Ireland

14 Informant Miss Mary E. Kearns

(Address) 6047 Falls Road

15 Filed JAN 13 1929 C. HAMILTON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29 19

17 I HEREBY CERTIFY, That I attended deceased from 12-31 19 28 to 1-12-29 19 .....

that I last saw him alive on 1-12-29 19 .....

and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Benign Hypertrophy prostate with retention G.S.C.U. Nurse

..... (duration) ? yrs. ..... mos. ..... da.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? yes Date of 1-10-29

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) F. W. Miller, M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lovaus St. Mary's Cemetery

Date of Burial 1/15 19 29

20 UNDERTAKER Mervyn V. Mears & Son

ADDRESS 805 N. Calvert

INSTRUCTIONS.—PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co. 200 Bks.

E 41500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 41500

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. (Street) 15-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(a) RESIDENCE NO. 831 W Pressman (Street) Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. 27 (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6 DATE OF BIRTH (month, day, and year) Dec 14 - 1902

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
26	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Chas Smith

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mattie —

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mary Smith

(Address) 1638 Lemmon

15 Filed JAN 13 1929 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H Feely (Coroner) M. D.

Jan 11th 1929 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W M Auburn Date of Burial Jan 14 1929

20 UNDERTAKER Wm. H. Clause Wm ADDRESS 1400 Madison

Give street number wherever possible. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DE[illegible] F BALTIMORE

101-001

E 41501

CERTIFICATE OF DEATH.

41501 PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1143 Wilmer St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Howard

(a) RESIDENCE NO. 1143 Wilmer St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 23-1928

7 AGE: Years — Months: 3 — Days: 20 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Leonard Howard

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Violet Coley

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Violet Howard

(Address) 1143 Wilmer

15 Filed JAN 13 1929 Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to [illegible] on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Jan 13/1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Jan 15 1929

20 UNDERTAKER: [illegible] — ADDRESS: Saml. W. Hurst's Son 14 N Market

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41502

CERTIFICATE OF DEATH.

90 E 41502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 Carroll St. 1-7-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Didonis

(a) RESIDENCE No. 722 Carroll St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): dont know

7 AGE: Years: Estimate 27 yrs; Months: ; Days: ; If LESS than 1 day, hrs: ; min:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Lad tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): dont know

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant: Mrs. D. Watson

(Address) 722 Carroll St

15 Filed JAN 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7. 1929. to Jan. 11. 1929

that I last saw him alive on Jan. 7. 1929

and that death occurred, on the date stated above, at 9 pm

The CAUSE OF DEATH* was as follows:

La Grippe

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mos. 7 ds.

(duration) 2 yrs — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. L. Freeman M. D.

1/12 1929 (Address) 682 Mt. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 14 1929

UNDERTAKER: Chas. B. Kuhlmann

ADDRESS: 639 S. Paca St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41503 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41503

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Dawson

(a) RESIDENCE NO. 1803 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) July 20 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	78	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Dawson

(Address) 803 Hamilton Ave

15 Filed JAN 3 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9/29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Jan 9, 1929, that I last saw h Am alive on Jan 9, 1929, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

1/11, 1929 (Address) 1823 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 12 29
20 UNDERTAKER Robt. Turner Sons	ADDRESS 1124 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41504

CERTIFICATE OF DEATH.

129 E 41504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 N Gay St. St., 8-17 Ward)

2-FULL NAME Anna Goeller

(a) RESIDENCE NO. 1807 N Gay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Goeller

6 DATE OF BIRTH (month, day, and year): Jan 19th 1866

7 AGE: 62 Years 11 Months 25 Days. IF LESS than 1 day.....hrs. or.....min.

63

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Cuthus Schradner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Henry Goeller

(Address): 1807 N. Gay St.

15 [illegible] 19 [illegible] T. O. JONES, M. D.

Post: [illegible] Registrar

AN 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10th 19 29

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 19 28, to Jan 10 19 29,

that I last saw her alive on Jan 10 19 29,

and that death occurred, on the date stated above, at 12.40 a.m.

The CAUSE OF DEATH was as follows:

Chr Nephritis.

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory findings

(Signed) L. M. C. Parker M. D.

1/11, 1929 (Address) 1114 Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Jan 14th 1929

20 UNDERTAKER: Leo D Cook ADDRESS: 1723 Patterson Pk ave

PLEASE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 41505 39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V

100-001

E 41505

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Harrison

(a) RESIDENCE NO. Wellsboro, Pa. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Harrison

6 DATE OF BIRTH (month, day, and year) Jan 10 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER William L Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Baltzina Mak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) (JOHNS HOPKINS HOSPITAL) Johns H Hosp

15 Filed JAN 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/11, 1928, to 1/13, 1929.

that I last saw h[illegible] alive on 1/12, 1929,

and that death occurred, on the date stated above, at 12:35 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate (duration) (.) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/31/28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport Pa. DATE OF BURIAL Jan 13 1929

20 UNDERTAKER Hughes & Jones Inc ADDRESS 111 Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Gerlach

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41506

CERTIFICATE OF DEATH.

9° E 41506

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame 10-14 WARD)

2-FULL NAME Mary Romana Gerlach

(a) RESIDENCE NO. Linguista St. and Aisquith ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov-18-1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	94	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prussia

PARENTS

10 NAME OF FATHER John Gerlach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Gertrude Dorling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant, Sister Mary Romuald
(Address) Notre Dame City

15 Filed JAN 13 1929 16 [illegible] JOHNS, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1929

17 I HEREBY CERTIFY, That I attended deceased from July - 1913 to Jan - 12 - 1929.

that I last saw h alive on Jan - 11 - 1929.

and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

Myocarditis

(duration) 6 yrs mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) F J Kirby, M. D.

12, 1929 (Address) 1106 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. DATE OF BURIAL Jan 14 1929

20 UNDERTAKER Frank A. Fink ADDRESS 916 N. Gay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41507 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-901 E 41507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gotthardis Hesse

(a) RESIDENCE No. Ridgewith St and Ashland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21 1847

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs or min.
	81	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prussia

PARENTS

10 NAME OF FATHER Andrew Hesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Josepha Hunckendick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant Sister Mary Dionede

(Address) Notre Dame Catholic City

Filed JAN 13 1928 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1929, to Jan 17, 1929,

that I last saw her alive on Jan 11, 1929,

and that death occurred, on the date stated above, at 1135 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chr Bronchitis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Thos. R. Geraghty, M. D.

1/17, 1929 (Address) 2225 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md

DATE OF BURIAL Jan 15 1929

20 UNDERTAKER Frank A. Fink

ADDRESS 905 N Gay

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41508 — E 41508

1-PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. 1-7-25 WARD) Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Serena Gould

(a) RESIDENCE No. 659 Pierce st. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Gould

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) ... (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) ~~C. Hinson Jones, M. D.~~

15 Filed JAN 19 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1929

17 I HEREBY CERTIFY, That I attended deceased from January 7 1929 to Jan. 11 1929

that I last saw her alive on Jan. 11 1929

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) About yrs. 3 mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

1-12 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Jan 15th 1929

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 E 41509

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hosp ST., 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest Mills

(a) RESIDENCE NO. 406 N Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec. 1906 29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Herbert Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sadie Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sadie Mills

(Address) 406 N. Gilmor St

15 Filed JAN 19 1929, 19 By: [illegible] HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-29.

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 19 29, to 1-11, 19 29

that I last saw h[illegible] alive on 1-11, 19 29

and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Gangrenous appendix

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Torsion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of 1-9-29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) B. Harris M. D.

1-11, 19 29 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 14 1929
UNDERTAKER A. Jones	ADDRESS 111 S. Gilmor St

JAN 19 1929

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Supt.—2-29-28—L. F. S.—500 Bks.

Dr Turlington 102 E Fortune

E 41510

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 41510

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Williams ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas J. Lewis

(a) RESIDENCE NO. 1500 Williams ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lewis

6 DATE OF BIRTH (month, day, and year) Feb 2. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O & O

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Susan Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant J J Lewis

(Address) 4511 Keswick Rd

JAN 13 1929

Received ..... Registrar

For Reid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 11, 1929, that I last saw h[illegible] alive on Jan 11, 1929 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Asthmatic Bronchitis 4 Flu

6

CONTRIBUTORY (Secondary) Broncho Pneumonia 8

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J J Burlington, M. D.

1.12.1929 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Cemetery	1/15 1929
20 UNDERTAKER	ADDRESS
J M Cook	217 St Paul St

IMPORTANT—Entries must be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr C Hann 1215 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41511

CERTIFICATE OF DEATH

90

E 41511

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1316 E Chas ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena K Breidenbach

(a) RESIDENCE NO. 1316 E Chas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harvey G Breidenbach

6 DATE OF BIRTH (month, day, and year): Sept 27, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Reuben B Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Kate Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Harvey G Breidenbach
(Address) 1316 E Chas St

15 Filed JAN 13 1929 By Margaret Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 11, 1929.

that I last saw her alive on Jan 11, 1929

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Valvular lesion of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in Pa.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C Hann, M. D.

, 19 (Address) 1215 Hanover.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Doylestown Pa

DATE OF BURIAL: 1/15 1929

20 UNDERTAKER: H M Cook

ADDRESS: 1212 Pulaski

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Schluder 3400 E Back St

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09 E 41512

E 41512

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Eaton ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Walker

(a) RESIDENCE NO. 200 S. Eaton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schluderberg

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs John A Armentrout

(Address)

15 Filed ..., 19.. C. Harrison Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17 I HEREBY CERTIFY, That I attended deceased from January 9, 1929, to January 11, 1929, that I last saw him alive on January 11, 1929 and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Confluent

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Typical

(Signed) Chas D Mueller, M. D.

1/11, 1929 (Address) 330 N Eutaw Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/14 19 29
20 UNDERTAKER	ADDRESS
J. B. Flynn & Son	2175 E Fayette

JAN 1 1930

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41513 E 41513

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 12-50 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Howard Lloyd

(a) RESIDENCE NO. 412 Lorraine Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Lloyd

6 DATE OF BIRTH (month, day, and year) Dec 14 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Eq Life Ins Co of

9 BIRTHPLACE (city or town)

(State or country) Washington, D C

PARENTS

10 NAME OF FATHER Samuel Lloyd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Sarah C. Lloyd

(Address) 412 Lorraine Ave

JAN 13 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) Yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypostasis

(duration) Yrs. mos. 1 ds.

11/29 (Signed) H. H. Hall M. D.

, 19 (Certifier) (Address) 1431 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Date of Burial 1/14 1929

20 UNDERTAKER Smith & Son ADDRESS 1217 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hemnight 9E Chas St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41514

CERTIFICATE OF DEATH

90 E 41514

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Potomac ST., 1-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert W. Reinhardt

(a) RESIDENCE NO. 512 S. Potomac ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Reinhardt

6 DATE OF BIRTH (month, day, and year) Dec. 10. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer of Ties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer M. S. Levy & Son

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Virginia Closs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marie F. Reinhardt

(Address) 512 S. Potomac St

15 Filed JAN 13 1929 C. Hampton Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/29

17 I HEREBY CERTIFY, That I attended deceased from Sept., 1927, to Jan 11, 1929, that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct

18 Yrs (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas W. Cairnes M.D., M. D.

1/12, 1929 (Address) 9E Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/14 1929

UNDERTAKER Wm M. Cook

ADDRESS 2117 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Reitzel 2227 W Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41515

CERTIFICATE OF DEATH

57 E 41515

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2007 W Cayson ST. 15-7 WARD)

2—FULL NAME Anna M Wallace

(a) RESIDENCE NO. 2007 W Cayson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wallace

6 DATE OF BIRTH (month, day, and year) Sept 12, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER L. Schatz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER L. Walz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Wallace

(Address) 2007 W Cayson St

15 Filed JAN 13 1929, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1929, to Jan. 10th, 1929, that I last saw her alive on Jan. 10th, 1929 and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia + Influenza

a (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Routine

(Signed) Edwin C. Reitzel M. D.

1/10, 1929 (Address) 2227 W. Fulton Ave. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 1/14 1929

20 UNDERTAKER J M Cook — ADDRESS 217 S Fulton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41516

E 41516

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Maldin ST. 21-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Ethel Hunter

(a) RESIDENCE No. 1023 Maldin ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 15, 1928

7 AGE — Years: — Months: 8 Days: 24
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frank C Austin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ethel A Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Ethel A Austin
(Address): 1023 Maldin St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 12, 1929.
that I last saw her alive on Jan 11, 1929
and that death occurred, on the date stated above, at 2.05 A. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stanley Stang M. D.
1/12, 1929 (Address) 729 Wash. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dun Cathera — DATE OF BURIAL: 1/14/29

20 UNDERTAKER: W M Cook — ADDRESS: 1217 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Tonella 2/5 Baltimore Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41517 — CERTIFICATE OF DEATH — 90 E 41517

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2900 Edmondson Ave ST. 8045 WARD)

2—FULL NAME Caroline Bishop

(a) RESIDENCE NO. 2900 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J Bishop

6 DATE OF BIRTH (month, day, and year) Mar 9, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68 69	10 9	21 31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J. M. Ashby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mildred L Hunt

(Address) 2900 Edmondson Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to ....., 19....., that I last saw h alive on Jan 10, 1929 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. ½ ds.

CONTRIBUTORY (Secondary) Myocarditis interstitial

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage

(Signed) E. Howard Hunter M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	1/14 19 29
20 UNDERTAKER	ADDRESS
W Koch	2172 Eutaw Pl

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41518

CERTIFICATE OF DEATH.

E 41518

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6715 Resterstown Rd (St.) 28-63 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaus Blake

(a) RESIDENCE. No. 6715 Resterstown Rd St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Blake

6 DATE OF BIRTH (month, day, and year) Oct 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Blake
(Address) 6715 Resterstown Rd

15 Filed JAN 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1928 to Jan 10 1929, that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Bright Disease

7 mos. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Appearance

(Signed) G. H. Buckley, M. D.

19 (Address) 3337 Belvidere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cathedral	1-14 1929
20 UNDERTAKER	ADDRESS
J. M. Cook	1212 E. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41519

CERTIFICATE OF DEATH.

1-09 ✓

E 41519

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McCauley

(a) RESIDENCE NO. 3223 Shelbourne Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Olive McCauley

6 DATE OF BIRTH (month, day, and year) Sept 23-1892

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	36	3	19	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Wholesale Inc.

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chas. H. McCauley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Emma Baenes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Geo. H. Burgers

(Address) 5203 Wilton Hts. Ave

15 Filed JAN 13 1929 16 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia- Influenza

(Autopsy at Hospital)

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Gaither M. D.

(Coroner)

1/12/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mastery — Date of Burial 1/14 1929

20 UNDERTAKER J. McCosh — ADDRESS 1219 E Baltimore

N. B.—WRITE LEGIBLY AND CAREFULLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41520

CERTIFICATE OF DEATH.

129 E 41520

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 10 W. Cross ST. 23-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Kencel

(a) RESIDENCE. No. 10 W. Cross ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kencel

6 DATE OF BIRTH (month, day, and year) July 10th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Kencel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Ella Blaney (Address) 10 W. Cross St

15 Filed JAN 13 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1928 to Jan. 11th 1929.

that I last saw h[illegible] alive on Jan. 10th 1929.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis and aortic regurgitation of heart (duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Anaemia (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Henry Feibel M. D.

1/12. 1929 Address 1004 E. Hanover St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leeder Hill	Jan 14/29

20 UNDERTAKER E. Schlosman ADDRESS 1039 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41521

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 4508 Maunsbury Ave-41

CITY OF BALTIMORE—(NO.) ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos D Ford

(a) RESIDENCE NO. 4508 Maunsbury ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Deford

6 DATE OF BIRTH (month, day, and year) March 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md

PARENTS

10 NAME OF FATHER Chas D Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md

12 MAIDEN NAME OF MOTHER Catharine Leech

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md

14 Informant Helena D Ford

(Address) 4508 Maunsbury Ave

15 Filed ..., 19 ... Registrar

JAN 13 1929 H. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10 1929

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Jany 10, 1929

that I last saw h alive on Jany 10, 1929

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease Heart

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Cover, M. D.

, 19 (Address) Cover & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jerusalem Cemetery	Jan 14 1929
20 UNDERTAKER	ADDRESS
C Schlosman & Son	Hanover

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41522

CERTIFICATE OF DEATH

X 31

E 41522

1—PLACE OF DEATH

REGISTERED NO. 17-24

CITY OF BALTIMORE: (No. 1129 Argyle Ave St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruby Willis

(a) RESIDENCE NO. 1129 Argyle Ave St. WARD Brancock Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 41 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ruby Coldham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Samuel Coldham

(Address) Tacoma Va

15 Filed JAN 13 1929 C. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10, 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 29, to Jan 10, 19 29, that I last saw her alive on Jan 9, 19 29 and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of No

Was there an autopsy? No What test confirmed diagnosis? Clinical only

(Signed) H. Stewart, M. D.

19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brancock Virginia

DATE OF BURIAL: 1/31 1929

UNDERTAKER: Samuel T Hendley

ADDRESS 578 N Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

Leah Levy

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41523 90 ✓ E 41523

CERTIFICATE OF DEATH

1—PLACE OF DEATH Hebrew Home for Chronic REGISTERED NO.

CITY OF BALTIMORE: (No.) 2100 E. Balto St (ST.) (6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lach Levy

(a) RESIDENCE NO. 2100 E. Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Levy

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 98 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old aged

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Balto St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/29

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Jan 12, 1929,

that I last saw her alive on Jan 12, 1929,

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1810 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wash Road Hebrew [redacted] DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 41524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41524

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO. 11-0

City of BALTIMORE: (No. 1568 St. Wards)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Stathenson

(a) RESIDENCE NO. 1624 St. Smallwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: M Lee Stathenson

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE: Years 27 Months Days

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Rosen

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sellie Yoffe

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant: M. Lee Stathenson

(Address) 1624 St Smallwood

15 Filed JAN 13 1929 19

Registrar: C. H. [illegible] Jones, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-12-29 19

17 I HEREBY CERTIFY, That I attended deceased from 1-10- 19 29 to 1-12 19 29

that I last saw her alive on 1-12 19 29

and that death occurred, on the date stated above, at 2 08 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

Influenza (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/17 19 29 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 1/13 1929

20 UNDERTAKER: Joeh Levis — ADDRESS 1439 E Balto

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41525 E 41525

CERTIFICATE OF DEATH.

129

71-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 W. Cross ST. (WARD)

2-FULL NAME John George Schweinsberg

(a) RESIDENCE No. 1126 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Lula Schweinsberg

6 DATE OF BIRTH (month, day, and year): May 30 - 1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Md.

PARENTS

10 NAME OF FATHER: George Schweinsberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lina Neubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Lula Schweinsberg

(Address): 1126 W Cross St

AN 13 1929

C. [illegible] Jones, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to January 10, 1929, that I last saw h[illegible] alive on January 10, 1929, and that death occurred, on the date stated above, at 11.35 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Cerebral Effusion

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry L. Klein M. D.

1/12, 1929 (Address) 104 W Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 14th 1929

20 UNDERTAKER: Fred. A. Weaver & Co — ADDRESS: 703 Hanover

Spec.—1-12-23—M&T—500 Bks.

41526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 41526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Sister Anastasie du St Sacrament

(a) RESIDENCE NO. Little Sisters of the Poor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 25 Sept 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3 4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Little Sister of the Poor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Daniel Mc Fadden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Mc Afee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston + Valley Sts

Filed JAN 13 1929 HAMILTON JOHNS, M. D.

By: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11 1929

17 I HEREBY CERTIFY, That I attended deceased from about June 26 to 1/11 1929.

that I last saw h alive on 1/11 1929.

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard J Walsh, M. D.

1/12 1929 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 14 1929

20 UNDERTAKER Rita Mudefield — ADDRESS 914 Druid Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 41527

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1529 Locust St. St. Carlos Bay 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julian Rogalski

(a) RESIDENCE NO. 1529 Locust St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed or divorced HUSBAND of (or) WIFE of: Kudurika Rogalski

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Bard O.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Antoni Rogalski

11 BIRTHPLACE OF FATHER (City or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

11 Informant: L. Rogalski

(Address): 1529 Locust St

15 Filed ..... 19 .....

(Registrar)

NOV 1 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 . 1929 . to Jan 12 . 1929 .

that I last saw h[illegible] alive on Jan 11 . 1929

and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumo

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) 2 yrs. — mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) 1824 E Oak

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross.

DATE OF BURIAL: Jan 15 1929

20 UNDERTAKER: F. W. Ozazewski

ADDRESS: 1950 [illegible]

IF DEATH be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41528

74-001

CERTIFICATE OF DEATH

REGISTERED NO. 41528

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S Duncan) (WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mikolaj Piekut.

(a) RESIDENCE No. 524 S. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND (of) (or) WIFE (of): Victoria Piekut

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: 70; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labarer.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: John Piekut

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Victoria Piekut

(Address) 524 S Duncan

15 Filed JAN 13 1929 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11-29

17 I HEREBY CERTIFY that I attended deceased from Jan 9 19 29 to Jan 11 19 29

that I last saw h[illegible] alive on Jan 11 19 29

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William [illegible] M. D.

(Address) 602 N Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: Jan 15 1929

20 UNDERTAKER: W. Ozazewski

ADDRESS: 1930 Eastern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. 6415'29.

HEALTH DEPARTMENT—CITY OF BALTIMORE 11-001

E 41529 E 41529

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Ann. ST. 6-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fruma Leah Berlin

(a) RESIDENCE NO. 123 N. Asaaa St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Abaham Laib Berlin

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unk—

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Chana Rua

13 BIRTHPLACE OF MOTHER (city or town) (State or country): R.

14 Informant: J. Lewis

(Address): 1439 E Balto. St

15 Filed JAN 14 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 1929 to Jan. 13 1929

that I last saw her alive on Jan. 12 1929

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Findings

(Signed) M. H. Cummins M. D.

1/13 1929 (Address) 2210 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hartman Arch Cem

DATE OF BURIAL: 1/14 19 29

20 UNDERTAKER: Jack Lewis 1439 E Balto St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41530

CERTIFICATE OF DEATH.

90 E 41530

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Coplon

(a) RESIDENCE NO. 1257 E North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah Coplan

6 DATE OF BIRTH (month, day, and year): 1865 ~~1895~~

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
64	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 088

(c) Name of employer

9 BIRTHPLACE (city or town): [illegible]

(State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron Coplan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Lohis —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Simon Herman

(Address): 1802 St. Smallwood St

15 Filed ..... 19 ..... (Registrar)

JAN 1 + 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure 1 day

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

Jan 13 1925 (Signed) E. C. Yates M. D.

(Coroner)

.19 (Address) 43 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Rem Date of Burial: Jan 14 1925

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E. Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41531

11-001

E 41531

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 49

CITY OF BALTIMORE: (No. 100 W. University PKWY ST. 49 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline S. Sattler

(a) RESIDENCE NO. 100 W. University PKWY ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Edmund Sattler

6 DATE OF BIRTH (month, day, and year) Jan 16th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Kiedel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Knabe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Augustus E. Sattler

(Address) 3964 St Paul ST

15 Filed ... 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-29

17 I HEREBY CERTIFY, That I attended deceased from 12-5-28, 1928, to 1-11, 1929, that I last saw her alive on 1-10, 1929 and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

1 INFLUENZA

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) BRONCHOPNEUMONIA

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes (Johns Hopkins Hospital)

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem — DATE OF BURIAL Jan 14 1929

20 UNDERTAKER Henry H. Kenkins Sons — ADDRESS McCulloh

important. See instructions on back of certificates.

JAN 1 - 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH.

E 41532

E 41532

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Scott

(a) RESIDENCE NO. St Elizabeth Home St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	B	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Benj. Scott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Loretta-----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant [illegible]

(Address)

15 Filed JAN 14 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis - Influenza

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

1/13/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cathedral Date of Burial 1-14 1929

20 UNDERTAKER Dennis Easton ADDRESS 916 [illegible]

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41533

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 41533

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2400 block Eutaw Place

REGISTERED NO.

CITY OF BALTIMORE: (No. Cyburne Apt. ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adolphus Cave

(a) RESIDENCE NO. Cyburne Apt. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Cave

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Apt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Grace Cave

(Address) Cyburne Apt.

15 Filed ... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11-29

17 I HEREBY CERTIFY, That I attended deceased from 1/11, 19.29, to 1/11, 19.29,

that I last saw h.. alive on 1/11, 19.29

and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Rhett M. D.

1/14, 19.29 (Address) 2429 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	1-16 1929
20 UNDERTAKER	ADDRESS
Dan'l Easter	916 Pa ave

important. See instructions on back of certificate.

JAN 14 1929

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41534 — **CERTIFICATE OF DEATH** — 38 — **E 41564**

1—PLACE OF DEATH Balto City Hosp.

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto Md ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Snell

(a) RESIDENCE NO. 1405 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic '07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosps

(Address) Balto Md

15 Filed ... 19... Registrar

JAN 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-29

17 I HEREBY CERTIFY, That I attended deceased from 1-9-, 1929, to 1-13-, 1929

that I last saw her alive on 1-12-, 1929

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane C

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueto Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological + Clinical

(Signed) Mary Gardner M. D.

1/12, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Ave	1-14 1929
20 UNDERTAKER Daniel Eaton	ADDRESS 916 Pine

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41535

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1619 McHenry ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Crumpton G. Bowen

(a) RESIDENCE NO. 1619 McHenry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Bowen

6 DATE OF BIRTH (month, day, and year) Feb. 28th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	70	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co
(State or country) Maryland

PARENTS

10 NAME OF FATHER George A. Bowen

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Buckmaster

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Maryland

14 Informant George A. Bowen
(Address) 1619 Mc Henry Street

15 Filed JAN 14 1929 19... [illegible] Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th. 1929

17 I HEREBY CERTIFY, That I attended deceased from May 7th, 1928, to Jan. 13th, 1929, that I last saw him alive on Jan. 12th, 1929, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Physical examination

(Signed) [illegible] M. D.

1/14, 1929 (Address) 1304 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Calvert Co Md	Jan 16" 1929
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N Balto St

Spec.—2-29-28—L. F. S.—500 Blks.

Bertha Block

HEALTH DEPARTMENT—CITY OF BALTIMORE

57 ✓ E 41536

E 41536

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 75 14 (ST.) James (WARD) 25-7E

2—FULL NAME Bertha Block

(a) RESIDENCE NO. 75 14 (Usual place of abode) James ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J Block

6 DATE OF BIRTH (month, day, and year) Feb 14 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Kahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Farfard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George F Block

(Address) 2006 Brentwood Ave.

JAN 14 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1929, to 1/12, 1929, that I last saw h alive on 1/12 1929 and that death occurred, on the date stated above, at 8 55 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Stevens M. D.

1/13. 1929 (Address) Park Blvd. & Griffis Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loud Oliver Cem.	Jan 15" 1929
20 UNDERTAKER Harold B Cook	ADDRESS 1003 N Gay St

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41537

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH

E 41537

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1765 N. Gay ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Lancaster

(a) RESIDENCE NO. 1765 N. Gay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Lancaster

6 DATE OF BIRTH (month, day, and year) May 4, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER George Partridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Edna R. Cashdollar

(Address) 1765 N. Gay St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 19 29 to Jan 12 19 29

that I last saw her alive on Jan 11, 19 29

and that death occurred, on the date stated above, at 5.30 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gaudip

(Signed) Fred Partridge M. D.

Jan 13, 19 29 (Address) 800 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan 15 1929
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 West Baltimore St

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41538

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

11-01

E 41538

CITY OF BALTIMORE: (No. 3624 Reisterstown Rd ST. 15-54 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Maria V Hoffman

(a) RESIDENCE No. 3624 Reisterstown Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of George Hoffman

6 DATE OF BIRTH (month, day, and year) Nov 29 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Genamandel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown 1-12-

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. John J. Detzenberger
(Address) 3624 Reisterstown Rd.

15 Filed JAN 1 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 6. 1929. to Jan 12. 1929.
that I last saw he alive on Jan 12 1929.
and that death occurred, on the date stated above, at 9.25 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical Exam

(Signed) C. D. Emrich M. D.

(Address) 4926 Park Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan 15 1929

UNDERTAKER Wm J Tucker Sons. ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41539 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED E 41539

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 15-64 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Beach Schultz

(a) RESIDENCE NO. 4006 Rathland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Arthur H. Schultz Jr

6 DATE OF BIRTH (month, day, and year) Jan 11 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42 41	41	11	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Toledo (State or country) Ohio

PARENTS

10 NAME OF FATHER Martin J. Beach

11 BIRTHPLACE OF FATHER (city or town) Toledo (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Schomburg

13 BIRTHPLACE OF MOTHER (city or town) Toledo (State or country) Ohio

14 Informant Arthur H. Schultz Jr (Address) 4006 Rathland Ave

15 Filed JAN 14 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan-6 1929 to Jan-11 1929.

that I last saw her alive on Jan 11 1929,

and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Earl P. Clemson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Jan 14 1929

UNDERTAKER W. J. Trabert Son

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41540

CERTIFICATE OF DEATH

161-001

E 41540

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 208 N. Kenwood Ave ST., 6-10 WARD)

2—FULL NAME Infant. O'Connor

(a) RESIDENCE NO. 208 N. Kenwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Wht	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-10-29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edmund J. O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Maria Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Edmund J. O'Connor
(Address) 208 N Kenwood Ave

15 Filed JAN 14 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 29

17

I HEREBY CERTIFY, That I attended deceased from 1-10, 19 29, to 1-10, 19 29, that I last saw him alive on 1-10, 19 29, and that death occurred, on the date stated above, at 3 05 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
about 6 months

(doration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lloyd, M. D.

1-10 1929 (Address) 413 N Wooshington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johns Hopkins Med School	1-11 1929
20 UNDERTAKER	ADDRESS

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41541

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Mulliken ST., 713 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William A. Camper

(a) RESIDENCE NO. 1306 Mulliken ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colord	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Laura Camper

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergymen

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo Camper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Isbell Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Willie Camper

(Address) 424 N. Dallas St

15 Filed ..... 19 ..... Registrar

JAN 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-29

17

I HEREBY CERTIFY, That I attended deceased from 1-2-29, 19..., to 1-14, 19 29

that I last saw h alive on 1-14, 19 29

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dreaston Md.	Jan 14 19 29
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans St

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41542

CERTIFICATE OF DEATH.

90 **E 41542**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1928 E. Fairmount Ave St. 6-9 Ward)

2-FULL NAME Wladyslaw Urbanski

(a) RESIDENCE NO. 1928 E. Fairmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Urbanski

6 DATE OF BIRTH (month, day, and year) May 15/1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS:

10 NAME OF FATHER St. Urbanski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Elizabeth Urbanski

(Address) 1928 E. Fairmount Ave

Filed JAN 14 1929 19 (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 11-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis-

.... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemiplegia 2 yrs ago

.... (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Wolfe M. D.

(Coroner)

1/12/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 1/15 19 29

20 UNDERTAKER McCafferty

ADDRESS

Do not fail in giving surname, Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Hom. Dispensary ST. 27-43 WARD)

2-FULL NAME Mr. Frank Small

(a) RESIDENCE NO. 3720 Norden Parkway WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mond L. Small

6 DATE OF BIRTH (month, day, and year) June 4 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg - Representative

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Toronto Canada

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Frank R Small Jr
(Address) 6615 Fairdell Ave

15 Filed JAN 14 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/29

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929, to Jan. 13, 1929, that I last saw him alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension.
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Exam.

(Signed) John Mac Jr, M. D.

1-13, 1929 (Address) Church Home Dispensary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem. Sawmill Rd	1929

20 UNDERTAKER Lowe Cook ADDRESS 1217 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E **41544**

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 41544

REGISTERED NO.

1—PLACE OF DEATH Union Memorial Hosp 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33d & Calvert ST., 2 WARD)

2—FULL NAME Helen Marie Cornwell

(a) RESIDENCE NO. 620 Montpelier ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Infant

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	0	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Cornwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Evelyn Ashburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14

Informant Father

(Address) 620 Montpelier St

Filed JAN 14 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1929 . to Jan 13 . 1929

that I last saw he alive on Jan 13 . 1929

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (bilateral)

CONTRIBUTORY (Secondary) None (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Wallace Lovett Hurtley M. D.

. 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 1/14 19 29

UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

OF DEATH in plain terms, so that it may be important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 41545

E 41545

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Eutaw Place — 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vandalia E. Ames

(a) RESIDENCE NO. 1408 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elijah M. Ames

6 DATE OF BIRTH (month, day, and year): Oct 21 1846

7 AGE: Years 82 Months 2 Days 22 If LESS than 1 day, hrs. or min. 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Mears

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hester Pusey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mr. W. B. Ames

(Address): 1408 Eutaw Place

15 Filed JAN 14 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1929.

17

I HEREBY CERTIFY, That I attended deceased from 1927 to Jan 13 1929.

that I last saw her alive on Jan 12 1929

and that death occurred, on the date stated above, at 9.01 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus and Pelvic organs.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Reece S. Bedsole, M. D.

1929 (Address) 129 - 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hamook Virginia — DATE OF BURIAL: Jan. 15 1929

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2251 Sidney ST. Westport WARD) 25-32

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Pearl Vanskiver

(a) RESIDENCE NO. 2251 Sidney ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) nov 13 - 1911

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Robert Vanskiver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md.

12 MAIDEN NAME OF MOTHER Alberta Hissey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimor md.

14 Informant Robert Vanskiver

(Address) 2251 Sidney av

15 Filed JAN 14 1929 19 H. McHENRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 12 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/31, 1928, to 1-12, 1929,

that I last saw he alive on 1-12, 1929

and that death occurred, on the date stated above, at 1115 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) James Brown Jr. M. D.

, 19 (Address) 705 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1/15/29

20 UNDERTAKER Geo Leimbach Son ADDRESS 25 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41547

CERTIFICATE OF DEATH.

11 E 41547

1-PLACE OF DEATH

City of BALTIMORE: (No. 3607 Belair Rd. St. 26-45 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Livermon

(a) Residence No. 3607 Belair Rd. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write this word.) ~~Married~~ Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 24 1875

7-AGE. 53 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A. Livermon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Julia A. Reddick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John Livermon

(Address) 3607 Belair Rd.

Filed JAN 14 1929 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan-10-1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 3- 1929 to Jan 10- 1929 that I last saw h~~e~~r alive on Jan 10 1929 and that death occurred, on the date stated above, at 11-40 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Flu -

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) Fred O Brenner M. D.

19 (Address) 125 N. Broadway —

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery DATE OF BURIAL. Jan. 14 1929

20-UNDERTAKER. Leonard J. Rueck ADDRESS 6405 Leftonlow

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Bee.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41548

CERTIFICATE OF DEATH

E 41548

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Penna ave ST. 7-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Columbus Bee

(a) RESIDENCE NO. 1222 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1858

7 AGE: Years 71; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va

PARENTS

10 NAME OF FATHER Walter Bee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sheppeard Bee

(Address) 551 Robert St

15 Filed Jan 9 1929 Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 to Jan 31 29

that I last saw h alive on Jan 29

and that death occurred, on the date stated above, at 12 43 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. E. Hatcher M. D.

1/3. 1929 (Address) 1222 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 14 1929

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1303 Pressman St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41549

CERTIFICATE OF DEATH.

199 **E 41549**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. N. W. Police station) 16-23 Ward

2-FULL NAME Ulysses Lee

(a) RESIDENCE NO. 1029 W. Lemey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Lee

6 DATE OF BIRTH (month, day, and year): July 12 1900

7 AGE — Years: 28 Months: 5 Days: 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country): "

PARENTS

10 NAME OF FATHER: Jas Lee

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country):

12 MAIDEN NAME OF MOTHER: Mollie Copeland

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): "

14 Informant: Thos. Lee

(Address): 1029 W. Lemey

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull (Struck on head with Club) four hours

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. B. Leach (Coroner) M. D.

Jan 11th 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 760 Front 1631 Division St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Jan 14 1929

20 UNDERTAKER: Thomas E Kelson ADDRESS: 1303 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41550

100-001

E 41550

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Murphy

(a) RESIDENCE NO. 218 N. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
52	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Rhode Island

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Failure

(duration) yrs. mos. ds.

Signed) (Coroner) M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial 1/14 1929

20 UNDERTAKER George J. Ruth ADDRESS 1705 Hartford Ave

JAN 1 1930 Per

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41551 — 1-PLACE OF DEATH

57 E 41551 — REGISTERED NO.

City of BALTIMORE: (No. 2516 Lanvale Av. St. 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Haupt.

(a) RESIDENCE NO. 2516 Lanvale av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Georgiana Haupt

6 DATE OF BIRTH (month, day, and year) Sept 17 th 1861

7 AGE	Years	Months	Days
	67	3	26

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas. Haupt 062

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Jay. Haupt

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Mrs Georgiana Haupt

(Address) 2816 Lanvale Av

15 Filed JAN 14 1929 C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June. 12/29 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to June 12 th 1929, that I last saw him alive on June. 12 th 1929, and that death occurred, on the date stated above, at 830 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of vessels of heart

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

1/12. 1929 (Address) 1605 N. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park Cemetery — Date of Burial Jan. 15, 1929.

20 UNDERTAKER Charles J. Schwabe. ADDRESS 505 N. Howard St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41552

E 41552

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1620 Bolton St. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Crosby Parks Mews

(a) RESIDENCE NO. 1620 Bolton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 79 yrs. 9 mos. 24 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Perdue Mews

6 DATE OF BIRTH (month, day, and year) March 20-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Produce Dealer

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland

PARENTS

10 NAME OF FATHER Wm. Mews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co Maryland

14 Informant (Address) Mrs Grace Perdue Mews (wife) 1620 Bolton St.

15 Filed JAN 14 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13th 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1928, to Jan 13th, 1929, that I last saw him alive on Jan 12th, 1929, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Mengert M.D., M. D.

1/14/1929 (Address) 49 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elkton Cecil Co Md	Jan 14, 1929

20 UNDERTAKER Stewart Memorials ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Alma G. Parron

E 41553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

E 41553

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs James L. (Alma) Parron

(a) RESIDENCE NO. 3115 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yr mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L Parron

6 DATE OF BIRTH (month, day, and year) Sept 26 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, professioo or particular kiod of work None

(b) Geoeral nature of industry, business, or estahlishment in which employed (ur employer)

(c) Name of employer

9 BIRTHPLACE (city or towo) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Burbage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Burbage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Union Memorial Hospital records (Address) City.

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 26. 1928. to Jan 13. 1929.

that I last saw h alive on Jan 13. 1929

aod that death occurred, oo the dale stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis, Carcinoma of Pancreas

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secoodary) Biliary Obstruction

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 5/29

Was there ao autopsy? No

What test coofirmed diagnosis? Clinical

(Sigoed) George O. Eaton, M. D.

. 19 (Address) Union Memorial Hospl

*State the Disease Causing Death, or in deaths froot Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Jan-16-1929.

20 UNDERTAKER Edward H Moser Co — ADDRESS Balto

Spec.—1-12-23—M&T—500 Bks.

E 41554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41554

CERTIFICATE OF DEATH.

122-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 Linden Av ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Caesard Butler

(a) RESIDENCE NO. 1314 Linden Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? 72 yrs. 11 mos. 19 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Butler

6 DATE OF BIRTH (month, day, and year) Jan 24 - 1856

7 AGE Years 72 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of Industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Caesard

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Cole

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland.

14 Informant Mr Maurice C. Butler (son) (Address) Rodgewood - Md

15 Filed JAN 14 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1927, to Jan 12, 1929, that I last saw h[illegible] alive on Jan 12 - 1929, and that death occurred, on the date stated above, at 3:[illegible] m.

The CAUSE OF DEATH* was as follows:

hypertension (Chronic) and hypertension.

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Hypertrophy Contusion of Liver.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

Jan 13 1929 (Address) 1111 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Jan. 16-29.

20 UNDERTAKER Stewart Mosier Co. ADDRESS Balto.

CAUSE OF DEATH to be plainly written, so that it may be properly Classified. Easy Function of Society

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41555

HEALTH DEPARTMENT—CITY OF BALTIMORE

11 S. Hanover

CERTIFICATE OF DEATH.

178

E 41555

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Frank. Thomas~~ 1420 St. (Ward)

2-FULL NAME Frank. Thomas

(a) RESIDENCE NO. 609 Mosher St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Thomas

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 3 Months 4 Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Elevator

(b) General nature of Industry, business, or establishment in which employed (or employer): man

(c) Name of employer

9 BIRTHPLACE (city or town): Japan.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Rosa Thomas

(Address): 609 Mosher

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 Jan 29 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows:

Asphyxiation by smoke or drowned.
Caused by fire at 11 S Hanover
Cause of fire unknown to me
at this time

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Jan 15 29 (Signed) [illegible] (Coroner) M. D.

(Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Jan 14 1929

20 UNDERTAKER: Sam'l N. Chase Son ADDRESS 4 N Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

West

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41556 — CERTIFICATE OF DEATH. — 11-007 — E 41556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 W. Baltimore ST. 11-24 WARD) REGISTERED NO. 11-007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johnny Ward

(a) RESIDENCE NO. 773 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 24, 1880

7 AGE: 48 Years 9 Months 21 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Quarry

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Wm. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Susan Ward Mother

(Address): 773 Baltimore St

15 Filed JAN 4 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 2nd 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929 to Jan 2nd, 1929. that I last saw him alive on Jan 1, 1929. and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. [illegible] M. D.

(Address) 774 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 6 29

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 4 1929 J. THOMSON JOHNS, M. D. Registrar

For

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41557

CERTIFICATE OF DEATH

72

E 41557

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-26 WARD)

2—FULL NAME Howard Harris

(a) RESIDENCE NO. 714 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ben Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

BALTIMORE CITY HOSPITALS

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17 I HEREBY CERTIFY, That I attended deceased from 11-22 1928, to 1-12 1929, that I last saw him alive on 1-12 1929, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

Bronchopneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical from Laboratory

(Signed) H. W. Wirth, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Jan. 16, 1929.
20 UNDERTAKER Wm. R. G. Ellard	ADDRESS 1725 Eastern Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41558

CERTIFICATE OF DEATH

44

E 41558

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., 1-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia Baulden

(a) RESIDENCE NO. 115 So Linwood St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 43 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unobtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Records Dept. (Address) BALTIMORE CITY HOSPITALS

15 Filed ... 19... Registrar

JAN 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-10-29

17 I HEREBY CERTIFY, That I attended deceased from 1-5, 1929, to 1-10, 1929, that I last saw her alive on 1-10, 1929 and that death occurred, on the date stated above, at 900 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Left

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ? Carcinoma of Stomach

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray & Laboratory

(Signed) H. W. Wood M.D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Jan. 14, 1929
20 UNDERTAKER: Mrs. R. A. Elliott	ADDRESS: 1725 Eastern Ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

1623

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 41559

CERTIFICATE OF DEATH

REGISTERED NO. **E 41559**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 N. Ellwood ave 6-11 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Selma Irene Raffolt

(a) RESIDENCE NO. 144 N. Ellwood Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Herman Raffolt

6 DATE OF BIRTH (month, day, and year): Feb 26 1871

7 AGE: Years 57 Months 3 Days 16 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer): 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City Germany

PARENTS

10 NAME OF FATHER: Julius Hauff.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hohman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herman Raffolt (Address) 144 N. Ellwood ave

15 Filed JAN 7 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/11/29

17 I HEREBY CERTIFY, That I attended deceased from 1/6, 1929, to 1/11, 1929, that I last saw h alive on 1/11, 1929 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Influenza + Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Heart failure & exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) John A Armitage, M. D.

, 19 (Address) 1623 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: John A. Inman 3000 — ADDRESS: E. Baltimore St.

Important. See Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

88-203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41560

CERTIFICATE OF DEATH.

E 41560 CERTIFICATE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. O'Malley

(a) RESIDENCE NO. 326 E. University Parkway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 30-1908

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	20	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Machinist Business

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jos. P. O'Malley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Gertrude D. Palardy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio

14 Informant Joseph B. O'Malley

(Address) 326 E. University Pkway

15 Filed JAN 14 1929, 19..... Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull Auto accident accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. P. O'Malley M. D. (Coroner)

1/14, 1929 (Address) 7672 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 1/15 1929

20 UNDERTAKER Chas. P. Maus & Son ADDRESS 1811 W. Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 41561

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 ✓ E 41561

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Temple Garden 13-57 St. _____ Ward)

2-FULL NAME Fannie Schmidt

(a) RESIDENCE NO. Mackin Ave Clarendale Rd St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Schmidt

6 DATE OF BIRTH (month, day, and year): Feb 27 1855

7 AGE — Years: 70 — Months: 10 — Days: 8 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Abraham Myers

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorcha Lanthayer

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: S. Schmidt

(Address): Temple Gardens

15 Filed JAN 7 1929, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to January 13, 1929, that I last saw h.e alive on January 13, 19 29, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Angina pectoris

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lentz, M. D.

1-13, 1929 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial 1/15 1929

20 UNDERTAKER: Harry Goodheim — ADDRESS: 1[illegible]

JAN 7 - 1929

Of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41562

CERTIFICATE OF DEATH.

x 188-103 E 41562

REGISTERED NO.

1-PLACE OF DEATH Claude I. Parks 9-17

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude I. Parks

(a) RESIDENCE NO. Sellersville, Pa. Route No 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19- 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	18	0	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician 079

(b) General nature of indnstry, business, or establishment in which employed (or employer) Philco Radio Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Norfolk, Va.

PARENTS

10 NAME OF FATHER Clarence Parks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bay City, Mich.

12 MAIDEN NAME OF MOTHER Fannie Ray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Indianapolis, Ind.

14 Informant Gladys Claire (sister)

(Address) 4724 Chester Ave Phila. Pa.

15 Filed ..... 19 ..... C. H. ..... Registrar

JAN 14 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Base) & neck laceration

Automobi le accident Belair Road nr Powell Ave (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paul M. D. (Coroner)

1/14/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pa. Perkasie County Date of Burial Jan. 14. 1929

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—300 Blks.

E 41563 HEALTH DEPARTMENT—CITY OF BALTIMORE

10,001

No. CERTIFICATE OF DEATH.

10 E 41563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Fremont Ave ST., 1826 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Esther Myles

(a) RESIDENCE NO. 512 Fremont Ave ST., 17 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Herman Myles

6 DATE OF BIRTH (month, day, and year) Dec 9, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Brown

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Tyler

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Herman Myles
(Address) 607 Hoffman St.

15 Filed JAN 14 1929 H. C. Harman, Jones 15 Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/ 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/4/ 1928, to 1/10/ 1929.

that I last saw her alive on 1/10/ 1929.

and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Pulmonary Hypostasis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia, Non Resolution (duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical History

(Signed) H. H. Bishop, M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/14/29
20 UNDERTAKER J. Lewis Hall	ADDRESS 755 Dolphin St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1—PLACE OF DEATH

REGISTERED NO. E 41564

CITY OF BALTIMORE: (No. 502 N Pulaski ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Schroeder

(a) RESIDENCE NO. 502 N Pulaski St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward W Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Edna Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

11 Informant Edward W Schroeder

(Address) 502 N Pulaski St

15 Filed JAN 14 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/29

17 I HEREBY CERTIFY, That I attended deceased from 1/13/29 to 1/13/29

that I last saw h alive on 1/13/29

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Terry M. D.

1/14/29 (Address) 9 N W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Jan 1929

20 UNDERTAKER George J Smith ADDRESS Holl

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41565

1—PLACE OF DEATH 1932

CITY OF BALTIMORE: (No. 1932 Eastern Ave St. 3-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Kunnecknan

(a) RESIDENCE NO. 1932 Eastern Ave St.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) Married

6 If married, widowed, or divorced (or) WIFE of Andrew Kunnecknan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
79.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 4037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Andrew Cresser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunnecknan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Kunnecknan

(Address) 1932 Eastern Ave

15 Filed JAN 4 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 9 1929 to Jan 13 1929, that I last saw him alive on Jan 13 1929 and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

CONTRIBUTORY (Secondary) old age (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A C Bessen M. D.

(Address) 3907 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Park Wood DATE OF BURIAL Jan 17 1929

20 UNDERTAKER J W Bazewski ADDRESS 1930 Eastern Ave

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41566

CERTIFICATE OF DEATH.

90 E 41566

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 S. Charles St.) (WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Kersting

(a) RESIDENCE. No. 1014 S. Charles ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 20th 1850

7 AGE — Years: 78 Months: 11 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Conrad Kersting

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Klaidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Annie George 1014 S. Charles st

15 Filed JAN 14 1929 19 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th 1929 to Jan. 12th 1929 that I last saw him alive on Jan. 11th 1929 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Influenza, bronchial asthma, chronic myocarditis (duration) 4 yrs mos 8 ds

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs Immediate mos

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Leibel M. D.

1/14. 1929 (Address) 1224 - 26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 15 1929

20 UNDERTAKER: E Schlosnow & Son — ADDRESS 1029 Hanover

Spec.—1-12-23—M&T—500 Bks.

E 41567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 41567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Caroline St. 10-13 WARD)

2-FULL NAME Esther Dorsey

(a) RESIDENCE NO. 816 N. Caroline St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	Col	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	2 yrs	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Luther Dorsey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Florence Molock

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Florence Dorsey
(Address) 816 N. Caroline St

15 Filed JAN 1 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1929.

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929, to Jan 12, 1929.

that I last saw her alive on Jan 12, 1929.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Calvin B. LeCompte, M. D.

, 19 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	1-14-1929
20 UNDERTAKER Laurence J. Gilbert & Sons	ADDRESS 1302 Jefferson

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- it may be properly classified. PHYSICIANS should state in plain terms, so that

Spec.—7-17-26—A Co.—200 Bks.

E 41568

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-08

E 41568

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Balto, Md.

City of BALTIMORE: (No. 340 S. Lehigh St.) 26-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen M. Myhle

(a) RESIDENCE NO. 340 S. Lehigh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Myhle

6 DATE OF BIRTH (month, day, and year): Dec 24 1899

7 AGE: Years 29 Months 0 Days 19

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER John Burger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Mannion

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Nora Finnegan

(Address) 340 S. Lehigh St

15 Filed JAN 14 1929 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 13, 1929, that I last saw her alive on Jan 11, 1929, and that death occurred, on the date stated above, at 12 55 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Ford M. D.

. 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mur Cathedral Cem. Date of Burial: Jan 16, 1929.

20 UNDERTAKER: Hornberger & Coon ADDRESS: Edmondson

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41569

CERTIFICATE OF DEATH

47 ✓ E 41569

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4412 Forrest View Ave. St. 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. Barnes

(a) RESIDENCE NO. 4412 Forrest View Avenue ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Barnes

6 DATE OF BIRTH (month, day, and year) September 16, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel C. Horney.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret A. Wells

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant George A. Barnes. (Address) 4412 Forrest View Ave.

15 JAN 14 1929 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12th, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Jan 12, 1929, that I last saw h.e alive on Jan 12, 1929 and that death occurred, on the date stated above, at 10:40 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Metastases to hip joint & pneumothorax (suppurative)

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edwin H. Benton M. D.

1/13/1929 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan 16 1929
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Edgerton

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41570

CERTIFICATE OF DEATH
BALTIMORE CITY HOSPITALS

90 E 41570

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amanda Fuel

(a) RESIDENCE NO. 1801 Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1844

7 AGE: Years 83 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seml

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant [redacted]
(Address) [redacted]

15 Filed [redacted] 19 [redacted] Registrar

1 4 1929 C. [redacted] 3134 ARR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/9/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to 1/9/29, that I last saw h[redacted] alive on 1/9/29, 19, and that death occurred, on the date stated above, at 7:40 P m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis
Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [redacted] M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41571

CERTIFICATE OF DEATH.

E 41571

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Lying-In Hospital (St.) (Ward) 161-08-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Rutherford

(a) RESIDENCE NO. 624 McCabe Ave. (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day hrs. or min. 40 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Rutherford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Street

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Walter Rutherford

(Address) 624 McCabe Ave

15 Filed JAN 14 1929, 19 C. Hanson Jones, M. D. Registrar

3132

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 11, 1929,

that I last saw h alive on Jan 11, 1929,

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Premature 29 weeks

Labor induced because of Hydramnios Toxemia in Mother.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur Chas. Bruegger, M. D.

1/13, 1929 (Address) 811 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL Commissioner Health JAN 14 1929

TION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41572 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41572

CERTIFICATE OF DEATH.

161-29

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Baltimore Gen'l Hospital ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Lasure

(a) RESIDENCE NO. 2626 Presley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11, 1929

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 7 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Theodore Lasure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Theodore Lasure (Address) 2626 Presley St

15 Filed JAN 14 1929 19 [illegible] Registrar

3133

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 12, 1929.

That I last saw h in alive on Jan 12, 1929.

and that death occurred, on the date stated above, at 2 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Premature infant 3 4 wks

Labor induced because of Nephritis in mother

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wilbur Clay Tennyson M. D.

1/13, 1929 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

FILL IN ALL ITEMS. It is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41573

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 41573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 N. Carrollton Ave - 16 Ward

2-FULL NAME Ella Trumpler

(a) RESIDENCE NO. 328 N. Carrollton Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year): Jan 20 1852

7 AGE: Years 76 | Months 11 | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 010

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: August Trumpler

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: August Trumpler

(Address) 2029 E Pratt St

15 Received 1929 C. Hillegeist Jones, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): About Jan 20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

(Signed) C. H. Black M. D.

(Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.,.... mos.,.... ds. In the State ....yrs.,.... mos.,.... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery Date of Burial Jan 15 1929

20 UNDERTAKER: Chas. G. Black ADDRESS 742 W North Ave

JAN 14 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-901 E 41574

1—PLACE OF DEATH Hebrew Home for Incurables 6-10 REGISTERED NO.

CITY OF BALTIMORE: (No. 2100 E. Balto. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Etta Margolis

(a) RESIDENCE NO. 2100 E. Balto. St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Margolis

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Leib Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E Balto St

15 Filed JAN 14 1929 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1929, to Jan. 1929, that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pyelitis Cystitis

(duration) 8 yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation prrcrde death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/14, 19 29 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rem

DATE OF BURIAL 1/16 19 29

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41575 E 41575

CERTIFICATE OF DEATH

1—PLACE OF DEATH Hebrew Home for Incurables REGISTERED NO. 100-081

CITY OF BALTIMORE: (No. 2100 E. Balto. ST., 6-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Cohen

(a) RESIDENCE NO. 2100 E. Balto. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Cohen

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Levine

(Address) 1424 Eutaw St

15 Filed 1 4 1929, 19 By C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1927, to Jan. 1929, that I last saw her alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) senile debility

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/14, 19 29 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Rem	1/15 19 29
20 UNDERTAKER Jack Levis	ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 41576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Dawson ST., 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Tyler

(a) RESIDENCE No. 1712 Dawson ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Amos Tyler

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/0

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Amos Tyler

(Address) 1712 Dawson St

15 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1927, to Jan 12, 1927, that I last saw him alive on Jan 11, 1927, and that death occurred, on the date stated above, at 7:00 A. m.

The CAUSE OF DEATH* was as follows:

Coma

Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Fry, M. D.

1/12, 1927 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 16, 1929

20 UNDERTAKER: Adolphus Halstead — ADDRESS: 904 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41577

1—PLACE OF DEATH University Apt

CITY OF BALTIMORE: (No. University Parkway ST. 12-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert. D. Cover

(a) RESIDENCE NO. University Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Amelia. D. Cover

6 DATE OF BIRTH (month, day, and year) August 5th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	60	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brain Dealer Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Albert D. Cover

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER B. F. Cover Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Amelia D. Cover

(Address) University Apt.

15 Filed 1-14-1929 Geo. HARRISON JONES, M. D. By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12th 1929

17 I HEREBY CERTIFY That I attended deceased from Jan 7, 1929, to Jan 12, 1929, that I last saw ~~him~~ alive on Jan 12, 1929, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
with acute cardiac failure
and pulmonary edema.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Consultation

(Signed) J Wesley Cole, M. D.

1/13, 1929 (Address) 2202 Guilford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan 15 1929

20 UNDERTAKER J. Wm. Jenkins Sons Co. ADDRESS Eutaw and Mt. Royal Ave

Spec—12-23-21—E.E.R.S.—400 Bks.

E 41578 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 41578

1-PLACE OF DEATH

City of BALTIMORE: (No. 4220 Harford Terrace St., E. 8-44 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Benjamin F. Schoolden

(a) Residence No. ~~4220~~ Harford Terrace St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Schoolden

6-DATE OF BIRTH (month, day and year) April 17-1865

7-AGE. 63 yrs. 8 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Schoolden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland?

12-MAIDEN NAME OF MOTHER, Katherine McConnell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

14- (Informant) Mary A. Schoolden

(Address) 4220 Harford Terrace

15- Filed JAN 14 1929 19... By ... Registrar. C. RAMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 11-1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 7th 1929 to Jan 11th 29 19..., that I last saw him alive on Jan 11th 1929, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Leady M. D.

1-12, 1929 (Address) 428 Hoffman Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery | DATE OF BURIAL: Jan. 16 1929

20-UNDERTAKER: Leonard Rauck | ADDRESS: 6405 Eastern Ave.

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41579

CERTIFICATE OF DEATH

129 E 41579

1—PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4819 Park Heights Ave ST. 77-56 WARD)

2—FULL NAME Hutson Lee

(a) RESIDENCE NO. 4819 Park Heights Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Selene P. Lee

6 DATE OF BIRTH (month, day, and year) Nov 14, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	1	30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Alexander & Alexander

(c) Name of employer Insurance Co

9 BIRTHPLACE (city or town) (State or country) Charleston S. C.

PARENTS

10 NAME OF FATHER Hutson Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Eliza L. Haskell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Selene P. Lee

(Address) 4819 Park Heights Ave

15 Filed JAN 14 1929 19 Per C. PARKSON JOHNS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 . 1929. to Jan 13 . 1929

that I last saw h[illegible] alive on Jan 13 . 1929

and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Gibert M. D.

19 (Address) 1754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Jan 15 1929

20 UNDERTAKER Mr & Mrs. J. W. Teufel & Son ADDRESS 80 W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41580

CERTIFICATE OF DEATH

E 41580

1—PLACE OF DEATH U. M. H. (Union Memorial) REGISTERED NO. 100-081

CITY OF BALTIMORE: (No. 12-41 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Josephine Hoover

(a) RESIDENCE NO. 3311 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard R. Hoover

6 DATE OF BIRTH (month, day, and year) Nov 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Frederick C. Heilman

11 BIRTHPLACE OF FATHER (city or town) Baden (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Miller

13 BIRTHPLACE OF MOTHER (city or town) Alsace (State or country) Germany

14 Informant Hospital Records, U. M. H.

(Address) 324 Calvert St. Balt. Md.

15 Filed 1 4 1929 By C. Ellerson Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1 — 9 , 1929 , to 1 — 10 , 1929 .

that I last saw her alive on 1 — 10 , 1929

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) J. J. Beroglity, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/14 1929

20 UNDERTAKER Henry W. Wears & Son

ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

E 41581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41581

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 1.2.3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME P. Walter Gregory

(a) RESIDENCE No. 2102 Bank st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 23.1882

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs or min.
	46	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James C. Gregory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Georganna B Layton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 1-15 1929 12 Registrar C. MARION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928 to Jan. 14, 1929, that I last saw him alive on Jan. 14, 1929 and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL JAN 16 1929 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—2-29-28—L. F. S.—800 Blks.

E 41582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Eisenberg 2027 E Appleton Ave

~~E~~ E 41582

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4619 Minnesota Ave ST. 6-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Auer

(a) RESIDENCE NO. 4619 Minnesota Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~late~~ Bernhardina Auer

6 DATE OF BIRTH (month, day, and year) Oct 21. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) — 162

(c) Name of employer Hopkins Place Bank

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joachim Auer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Rothmund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herbert W. Auer

(Address) 4619 Minnesota Ave

15 Filed 1-14 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13. 1929

17 I HEREBY CERTIFY, That I attended deceased from September 6 1928 to January 13 1929 that I last saw h. alive on January 12 1929 and that death occurred, on the date stated above, at 11 42 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Intestines.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cachexia and Metastasis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Durkin —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Albert Eisenberg M. D.

13. 1929 (Address) 2027 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan. 16 1929

20 UNDERTAKER ADDRESS

Wm Cook 1517 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41583

E 41583

CERTIFICATE OF DEATH.

169

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Gwynns Falls St. 46 Ward)

2-FULL NAME J. T. Windsor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 921 N. Bentalou St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie E. Windsor

6 DATE OF BIRTH (month, day, and year): Sept 13, 1869

7 AGE: Years 58 Months 3 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Buyer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: Manor Kempner

9 BIRTHPLACE (City or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm B. Windsor

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Harriet Dundee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs. Mamie E. Windsor

(Address): 921 Bentalou St.

15 Filed 19

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Charles Trostle M. D.

(Coroner) (Address) Brooklyn Md

1/19 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 1/16 1929

20 UNDERTAKER: Wm Cook ADDRESS 1217 W Pratt St

1 4 1929

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Robinson 836 Park ave

E 41584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-81 L

REGISTERED NO. E 41584

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1923 E North Ave ST. (WARD) 8-17

2—FULL NAME Emma L Burgan

(a) RESIDENCE NO. 1923 E North Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm L. Burgan

6 DATE OF BIRTH (month, day, and year) Nov 12, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of indostry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm L Burgan

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine McGee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Wm L Burgan
(Address) 1923 E North Ave

15 Filed JAN 14 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan. 11, 1929.

that I last saw h[illegible] alive on Jan 11, 1929

and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. F. Robinson, M. D.

Jan 13 1929 (Address) 836 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1/15 1929

20 UNDERTAKER W M Cook

ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41585 100-01 E 41585

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 25-17

CITY OF BALTIMORE: (No.) 1618 Cypress ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vincent Lepinaitis

(a) RESIDENCE NO. 1618 Cypress ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Lepinaitis

6 DATE OF BIRTH (month, day, and year) Aug 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (carpenter)

(b) General nature of industry, business, or establishment in which employed (or employer) 0 15

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antonia Lepinaitis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Wm Lepinaitis

(Address) 1618 Cypress St

15 Filed 1-14 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 29, to Jan 13, 19 29, that I last saw him alive on Jan 12, 1929 and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Primary).

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Lepinaitis, M. D.

19 (Address) 816 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	1/16 1929
20 UNDERTAKER	ADDRESS
Wm Cook	1107 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

E 41586 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 41586

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Smith.

(a) RESIDENCE NO. 4100 Chesley Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Widower.

5a If ~~married, widowed, or divorced~~ widowed, WIFE or HUSBAND of ~~deceased~~ Lydia A. Smith.

6 DATE OF BIRTH (month, day, and year) March 29 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore foreman

(b) General nature of industry, business, or establishment in which employed (or employer): M. & M. Transportation Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER James Smith.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs. Joseph Mooney. (daughter)

(Address) 4100 Chesley Ave.

15 1929 C. HARRISON JOURS, M. D.

For Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Otitis Purulent

(duration) yrs. mos. ds.

(Signed) C. Harrison Jours M. D.

(Coroner)

1/14, 1929 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 4100 Chesley Ave. Jan. 18, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Jan. 16 1929

20 UNDERTAKER: Frederick Lazenby Son — ADDRESS: Fulleton

Property claimed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 41587

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4015 Northern Parkway St. 27-43 Ward)

2-FULL NAME Wm. Harrison Curtis

(a) RESIDENCE NO. 4015 Northern Parkway St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna B. (Gunther)

6 DATE OF BIRTH (month, day, and year) Nov 4/1836

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	92	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 68

(b) General nature of industry, business, or establishment in which employed (or employer) School Teacher

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER John S. Curtis

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Anderson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland

14 Informant Mrs. Frank Lewis

(Address) 4015 Northern Parkway

15 JAN 16 1929 C. H. Watson Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac of rt. hip- Accidently fell in his home.

(duration) ___ yrs. ___ mos. 14 ds.

CONTRIBUTORY (Secondary) Pulm Odema- Cardiac Insuf

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Watson M. D.

(Coroner)

1-14-1929 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glair View Balto Co. Date of Burial Jan 16 1929

20 UNDERTAKER John Burns Sons ADDRESS Towson Md

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41588

CERTIFICATE OF DEATH

1929 E 41588

1—PLACE OF DEATH

REGISTERED NO. 1637

CITY OF BALTIMORE: (No. 3512 E. Balto. ST., [illegible] WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Goeb.

(a) RESIDENCE NO. 3512 E. Balto ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Michael Goeb.

6 DATE OF BIRTH (month, day, and year) Sept. 5th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany.
(State or country)

PARENTS

10 NAME OF FATHER John Jonas

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Margaret Kremer

(Address) 3512 E. Balto. St.

15 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12/29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928, to Jan 12, 1929

that I last saw her alive on Jan. 12, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Fracture of L. F. Dec. 17 - 79 yrs.

(over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia - Not Accd.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec. 18

Was there an autopsy? No

What test confirmed diagnosis? Dgy -

(Signed) W. E. McCormick, M. D.

1/13, 1929 (Address) 3508 Bank St. -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 15th 1929
20 UNDERTAKER	ADDRESS
Lilly + Zilenone.	403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 41589

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-46 ST., WARD)

2—FULL NAME William F. Knarr

(a) RESIDENCE NO. 1923 E. 30th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen J.

6 DATE OF BIRTH (month, day, and year) Apl. 14 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanist

(b) General nature of industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Marcus Knarr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Beeke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Son

(Address)

15 1-14-1929 C. Harrison Jones, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-29

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1929, to 1-14, 1929, that I last saw him alive on 1-14, 1929 and that death occurred, on the date stated above, at 5 15 A m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Probably Carcinoma of Colon - Senility (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Hitch, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Governmental-Cemetery	June 6, 1929
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	41st & Roland

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41590

CERTIFICATE OF DEATH.

101-001

E 41590

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 8-17 Ward)

2-FULL NAME Morton H. Tawney

(a) RESIDENCE NO. 1844 N. Durham St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stein

6 DATE OF BIRTH (month, day, and year) Apr. 27, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	8	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto-Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Auto

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Carl Tawney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) City

12 MAIDEN NAME OF MOTHER Kate Fisher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) City

14 Informant Mrs. Elizabeth Tawney

(Address) 1844 N. Durham St

C. [illegible] (Coroner)

1 4 1929 19 By RRR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. 1 ds.

Signed) C. [illegible] M. D.

(Coroner)

1/29, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr. A. Kirk Cemetery — Date of Burial 1/16 1929

20 UNDERTAKER: E. J. Fanning — ADDRESS 1936 E. Lafayette

very important. See instructions on back of certificate. LAST statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 41591 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 E. Lanvale St. 8-17 WARD)

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles O. Schuster

(a) RESIDENCE No. 1916 E. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Suehle

6 DATE OF BIRTH (month, day, and year) March 4, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	7	

8 OCCUPATION OF DECEASED Auditor

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Otto Schuster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. Schuster Jr. (Address) 1916 E. Lanvale St.

15 Filed 1-14-1929, 19 C. Harrison Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11th 1929

17

I HEREBY CERTIFY, That I attended deceased from October 25 1928 to January 11 1929, that I last saw him alive on January 10 1929, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Aortitis and Angina Pectoris. (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray examination.

(Signed) Albert L. Singewald M. D.

1/15/29 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 1/15 1929

20 UNDERTAKER: E. V. Fanning — ADDRESS: 1936 Lafayette

From all parts of State. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41592

CERTIFICATE OF DEATH.

23 E 41592

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Hom. & Infirm. STREET) (WARD)

2-FULL NAME Mrs. Mary Wagner

(a) RESIDENCE No. 1517 N. Collington Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Wagner

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	19 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry Hintz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Blumenau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adam Hintz

(Address) 1517 N. Collington Ave.

15 [illegible] 4 1929 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/ 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928 to January 12, 1929, that I last saw h[illegible] alive on January 12, 1929, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) ..... yrs. about mos 35 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) John Mace Jr, M. D.

, 19 (Address) Church Hom. & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 1/16/ 1929

20 UNDERTAKER: E. J. Fanning & Son — ADDRESS: 1986 Lafayette Ave.

Spec.—1-12-23—M&T—500 Bks.

E 41593 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41593

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 22-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Whitner

(a) RESIDENCE No. 705 S. Charles st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
29	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Lezin Whitner

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lula Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Jan. 13, 1929,

that I last saw her alive on Jan. 13, 1929

and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical & Autopsy

(Signed) Henry C. Smith, M. D.

1-14-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery Co.

DATE OF BURIAL 1-16 1929

20 UNDERTAKER [illegible]

ADDRESS 916 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 41594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41594

CERTIFICATE OF DEATH

38

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Lassowry

(a) RESIDENCE NO. 1016 N. Arlington Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mall	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Lassowry

(Address) 1105 Woodyear St

15 Filed JAN 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1929, to Jan. 14, 1929.

that I last saw him alive on Jan 14, 1929

and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Luther E. Little, M. D.

, 19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-16-1929

20 UNDERTAKER Hamill Eastern

ADDRESS 916 Cathedral

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41595

CERTIFICATE OF DEATH

11-001

E 41595

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3617 Hickory Ave ST. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clinton E. Hammond

(a) RESIDENCE NO. 1244 W 37th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Hammond

6 DATE OF BIRTH (month, day, and year) Sept 27 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Wm Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Alice Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Ida L. Hammond

(Address) 3617 Hickory Ave.

JAN 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 14, 1929.

that I last saw him alive on Jan 13, 1929.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Labar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lagrippe

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/14, 1929 (Address) 846 W 36 To Bmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Hampden

DATE OF BURIAL Jan 16 1929

20 UNDERTAKER Ehrenfeld Son

ADDRESS 900 Cathedral

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41596 90 **E 41596**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3437 Roland Ave St. 13-52 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Ricketts

(a) RESIDENCE NO. 3437 Roland Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Richard Walter Ricketts

6 DATE OF BIRTH (month, day, and year): June 23-1861

7 AGE — Years: 67 | Months: 6 | Days: 19 | IF LESS than 1 day.....hrs. or.....min.: 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Washington

(State or country): D.C.

PARENTS

10 NAME OF FATHER: Richard Streets

11 BIRTHPLACE OF FATHER (city or town):

(State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Mary A. Robinson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): U.S.A.

14 Informant: Florence Garrison

(Address): 3437 Roland Ave.

15 Filed JAN 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan-12-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-15- 1924, to January 12, 1929, that I last saw her alive on January 9, 1929, and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Charles Ruland, M. D.

1-13-1929 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden Date of Burial: June 16 1929

UNDERTAKER: Greenwalt & Son Chestnut ADDRESS 3617

very important. See instructions on back of certificates. PART STATEMENT OF OCCUPATION IS

Spec.—2-29-28—L. P. S.—500 Blks.

E 41597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41597

CERTIFICATE OF DEATH

24-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 W 41st St ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura V. Dykes

(a) RESIDENCE NO. 1349 W 41st St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jamus Dykes

6 DATE OF BIRTH (month, day, and year) Feb 2 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Wm. F. Bunting
(Address) 1349 W 41st St

15 Filed Jan 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 14, 1929, that I last saw h[illegible] alive on Jan 13, 1929 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

ct. Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

Jan 14, 1929 (Address) 3414 Clifton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 16 1929
20 UNDERTAKER	ADDRESS
Shumaker & Son	2[illegible] Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41598

CERTIFICATE OF DEATH

90 E 41598

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Division ST., 713 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Linda Fleet

(a) RESIDENCE NO. 1707 Madison ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Perry Dawson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Underwood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant E. E. Fleet

(Address) 1707 Madison Ave

15 JAN 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/29.

17

I HEREBY CERTIFY, That I attended deceased from Dec 30 1928. to Jan 11. 1929.

that I last saw h[illegible] alive on Jan 11 1929

and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Hamm, M. D.

1-11-1929 (Address) 3806 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	1/15/1929
UNDERTAKER	ADDRESS
Samuel D. Kennedy	578 N. Eddie St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41599

CERTIFICATE OF DEATH.

101 E 41599

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Shield Pl. T.; 19-24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin Laws

(Residence in Baltimore: No. 919 Shield Place St.; 44 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 20 24 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Gordon Laws

11-BIRTHPLACE OF FATHER (State or Country), Snow Hill Md

12-MAIDEN NAME OF MOTHER Sarah H Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Snow Hill Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucille Wainwright

(Address) 919 Shield Place

15- Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... Jan. 11 (Month) (Day), 1929 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1929, to Jan 11 1929, that I saw h[illegible] alive on Jan. 11th 1929, and that death occurred, on the date stated above, at 3.20 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

R. Lung

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. F. Magruder M. D.

1.15, 1929 (Address) 14 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. Druid Hill Park — DATE OF BURIAL. 1/15/29 ..... 191..

20-UNDERTAKER Leonard Thalen — ADDRESS 698 Riece

Spec.—1-10-21—M&T—1500 Bks.

E 41600 HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 41600

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Avenues ST 26-11 WARD)

2-FULL NAME Geo. Bausch

(a) RESIDENCE No. 23 N East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1855

7 AGE: Years 73 Months 3 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Geo Bausch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Geo. Bausch (Address) 23 N. East Ave

15 Filed JAN 15 1929 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-8, 1929, to 1-14, 1929, that I last saw him alive on 1-14, 1929, and that death occurred, on the date stated above, at 1-14 6 m

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Myocardial Insufficiency

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home address

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

Signature: Augustine P. VonSchultz MD

530 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lark Wood Cemetery — DATE OF BURIAL: June 1929

20 UNDERTAKER — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41601
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (T.B.) (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Murphy

(a) RESIDENCE NO. No address ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Laughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address)

15 Filed N 15 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Jan. 12, 1929,

that I last saw him alive on Jan. 12, 1929

and that death occurred, on the date stated above, at 9.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-14 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	1/15 1929
20 UNDERTAKER John J. Fahey Sons	ADDRESS 1318 Light

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41602

CERTIFICATE OF DEATH

E 41602

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 17-24 WARD)

2—FULL NAME Abraham Daily

(a) RESIDENCE NO. 513 Greenmount Av. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Driggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] JAN 5 1929 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17 I HEREBY CERTIFY, That I attended deceased from 12-17, 1928, to 1-12, 1929, that I last saw him alive on 1-12, 1929, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis, Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Exam.

(Signed) [redacted] M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	1/15 1929
20 UNDERTAKER John J. Fahey Sons	ADDRESS 1318 Light

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

178

E 41603
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 41603
REGISTERED NO.

City of BALTIMORE: (No. 118 S. Hanover St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Harrod

(a) RESIDENCE NO. 1421 Druid Hill Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Harrod

6 DATE OF BIRTH (month, day, and year): Aug 4 65

7 AGE: Years 63 Months 5 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Driver for Self
(b) General nature of Industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant: Blanche Harrod
(Address) 1421 E. Hill Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest) (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fell from wagon & run over by wheels sustaining fracture of skull & injuries to chest

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

Jan 14 (Signed) [illegible] M. D.
, 19 29 (Coroner) (Address) 1059 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Jan 15 1929

20 UNDERTAKER: Wm H. Chase & Son ADDRESS: 1400 Madison

very important. See instructions on back of certificate.

NOV 15 1929

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41604 — **CERTIFICATE OF DEATH** — 11-001 — **E 41604**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Madison Ave ST., 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Jenkins

(a) RESIDENCE NO. 1016 Madison Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Jenkins

6 DATE OF BIRTH (month, day, and year) Aug 28, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Drayman

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co. Va

PARENTS

10 NAME OF FATHER John Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Amanda Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Josephine Jenkins
(Address) 1016 Madison Ave.

15 Filed JAN 15 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 12, 1929, that I last saw him alive on Jan. 11, 1929 and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) A Marco Williams, M. D.

1-14, 1929 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 17 1929
20 UNDERTAKER	ADDRESS
Jam! F. Chase & Son	1400 Monroe

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41605 [redacted]

CERTIFICATE OF DEATH.

159-003

159 E 41605

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp (ST. & WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hohman

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-5-29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) West Balto Gen'l Hospt
(State or country)

PARENTS

10 NAME OF FATHER Vernon Hohman

11 BIRTHPLACE OF FATHER (city or town) Randalstown Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Chesser

13 BIRTHPLACE OF MOTHER (city or town) Graysonville Md
(State or country)

14 Informant .....
(Address)

15 Filed ..... 19 ..... E. Lee Jones, M. D.
Registrar

N 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-5, 1929, to 1-5, 1929,

that I last saw her alive on 1-5, 1929,

and that death occurred, on the date stated above, at 6 55 m.

The CAUSE OF DEATH* was as follows:

Anencephalic monster with Spina Bifida & Enterocele

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) George L. Wissing, M. D.

19 (Address) 4006 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Body kept for Scientific Study

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER .....

ADDRESS .....

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41606

CERTIFICATE OF DEATH

38

E 41606

1—PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. 22-33 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minerva Mitchell

(a) RESIDENCE NO. 703 S. Charles ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. ... mos. ... ds. · How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Mlle	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890 (1898)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
30? 31				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do.

12 MAIDEN NAME OF MOTHER Do.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do.

14 Informant Baltimore City Hospitals

(Address)

15 JAN 15 1929 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928 to Jan 13, 1929 that I last saw h[er] alive on Jan 13, 1929 and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

General Paralysis (of the Insane)

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serological findings

(Signed) H. Alvey Fredrick M. D.

1/13/ 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarkton N. Carolina

DATE OF BURIAL 1/15 1929

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W Hamburg St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41607

CERTIFICATE OF DEATH.

128 E 41607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Eyson a ST. 10-14 WARD)

2-FULL NAME D. Geo. W. Kennard.

(a) RESIDENCE No. 708 Eyson a ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella. Kennard.

6 DATE OF BIRTH (month, day, and year) Oct 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73.	3.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Thos Kennard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mabel Kennard Mason (Address) 708 Eyson a

15 Filed 1 15 1929 19 [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/18, 1928, to 1/11, 1929.

that I last saw him alive on 1/11, 1929

and that death occurred, on the date stated above, at 6 05 P m

The CAUSE OF DEATH* was as follows:

Ac. nephritis (Pyonhar)

Uremia.

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Pyonhar

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B M Rhett M. D.

1/12. 1929 (Address) 2139 W. H. av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan. 15 1929
UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41608

CERTIFICATE OF DEATH.

11-902

E 41608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1414 Penna Ave St. 17-24 Ward

2-FULL NAME Mary A Davis Cullen

(a) RESIDENCE NO. 1233 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John,

6 DATE OF BIRTH (month, day, and year): May 5-1893

7 AGE — Years: 35 Months: 8 Days: 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm Davis

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Susan Willing

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Susan Davis

(Address) 1233 Division

15 Filed ..... 19 ..... Registrar

JAN 15 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) C. O. Link M. D.

Jan 12 to 29 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Jan 15 1929

20 UNDERTAKER: Charles G. Cooper — ADDRESS: 514 Eutaw St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41609

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1511 Poplar (S.) 25-17 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Boswell

(a) RESIDENCE No. 1511 Poplar (Curtis Bay) WARD
(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1925

7 AGE — Years: X — Months: 3 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ddo

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Dalto, Md

PARENTS

10 NAME OF FATHER: Henry N. Boswell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ida M. Whitman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Henry N Boswell 1511 Poplar

15 Filed: JAN 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to Jan 14, 1929,

that I last saw h alive on Jan 14, 1929,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(Primary)

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. K. Campbell M. D.

Jan 15, 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 5 1929

20 UNDERTAKER: Fred A. Krueger — ADDRESS: 703 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41610

CERTIFICATE OF DEATH

90

E 41610

1—PLACE OF DEATH — REGISTERED NO. 1668

CITY OF BALTIMORE: (No. 2328 W. Lanvale ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Krolger

(a) RESIDENCE NO. 2328 W. Lanvale St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George J. Krolger

6 DATE OF BIRTH (month, day, and year): April 29, 1866

7 AGE: Years 62 Months 7 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wash. D. C.

PARENTS

10 NAME OF FATHER: Geo. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Goldsborer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant: Mrs. L. K. C. Sauer

(Address): 26 Suffolk Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 14, 1929, that I last saw her alive on Jan 13, 1929 and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) yrs. 3 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) G. A. Billings, M. D.

, 19 (Address) 224 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemy.	Jan. 16, 1929
20 UNDERTAKER	ADDRESS
John C. Mitchell & Sons	1900 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

De Lashmutt

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41611

90

E 41611

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Eutaw Place ST., 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie S. De Lashmutt

(a) RESIDENCE NO. 1521 Eutaw Place ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. De Lashmutt

6 DATE OF BIRTH (month, day, and year): May 12, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles S. Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Maynard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Miss Mary L. De Lashmutt

(Address) 1521 Eutaw Place

15 Filed ..., 19... C. Pierce Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1923 to 1-17 1929

that I last saw her alive on 1-14 1929

and that death occurred, on the date stated above, at 7:00 A. m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS
HYPERTENSION
MYOCARDIAL INSUFFIC.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Jones, M. D.

(Address) 1121 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick, Md.	Jan. 17, 1929
20 UNDERTAKER	ADDRESS
John C. Mitchell & Sons	1900 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41612

CERTIFICATE OF DEATH.

24-001

REGISTERED NO. E 41612

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) W. Lanvale (AVE.)

2-FULL NAME Julius Lutz

(a) RESIDENCE NO. 2019 Eutaw place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Julius Lutz

6 DATE OF BIRTH (month, day, and year): Aug 2, 1862

7 AGE: 66 Years 67 Months 5 Days 10 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hollidaysburg Pa.

PARENTS

10 NAME OF FATHER: W. H. Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Eliza Davidson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hemlstown Pa.

14 Informant (Address): Mrs. Sarah Lutz 2019 Eutaw Place

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/12 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/11 29. 19 . to 1/12 29 19 .

that I last saw him alive on 1/12/29 . 19 .

and that death occurred, on the date stated above, at 11.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

Paraplegy (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

Signed) Jno O Young M. D.

(Address) Jno O Young

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cattletown Md.

DATE OF BURIAL: Jan 1929

20 UNDERTAKER: John O Mitchell & Sons

ADDRESS: 1900 Eutaw St.

TION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 41613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41613

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 17-50 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora E. Walker

(a) RESIDENCE NO. 2119 Guilford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. da. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin H. Walker

6 DATE OF BIRTH (month, day, and year) Feb 26 1868

7 AGE Years 60 Months 10 Days 17

IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Thos. Lewis

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mr Edward Walker

(Address) 2119 Guilford Ave

15 Filed ____ 19 ____ Registrar

JAN 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-29 19

17 I HEREBY CERTIFY, That I attended deceased from 1-11, 19 29, to 1-13, 19 29, that I last saw her alive on 1-13, 19 29, and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ____ yrs. mos. 7 da.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis W. Miller M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial 1/16/29

20 UNDERTAKER Geo. J. Ulrich & Co. ADDRESS 1135 Harford Ave

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 41614

HEALTH DEPARTMENT—CITY OF BALTIMORE

100E001 41614

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ring

(a) RESIDENCE NO. 1176 Homestead St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed~~ or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 1868

7 AGE: Years 60 Months 3 Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER William Ring

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Julia Jones

(Address) 1132 Wiltbridge Ave

Filed JAN 15 1929 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29 19

17 I HEREBY CERTIFY, That I attended deceased from 1-9-29, 19, to 1-12-29, 19.

that I last saw her alive on 1-12-29, 19.

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 17 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. Gelin M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial 1/16/29

20 UNDERTAKER: Geo. J. Duffy ADDRESS 1733 Hoffman

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41615 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41615

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3403 E Pauk St. 26-37 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Martin

(a) RESIDENCE NO. 3403 E Pauk. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Martin

6 DATE OF BIRTH (month, day, and year) 2/16/1898

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30	11 10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Fred Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs Beatrice Martin

(Address) 3403 E Pauk St

15 Filed JAN 15 1929, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (secondary) Fatty Degeneration of Liver

(duration) 1 yrs. mos. 1 ds.

Filed 1-2-29 Coroner M. D.

18 (Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery. Date of Burial 1/16/29

20 UNDERTAKER George J. Kelly ADDRESS 1730 Harford

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 41616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1000 E 41616

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2126 Hollins ST. 20-64 WARD)

2-FULL NAME Glenn K. Utter

(a) RESIDENCE. NO. 2126 Hollins ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary C. Utter.

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	19	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) - 066

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Washington (State)

PARENTS

10 NAME OF FATHER Utter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rose Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary C. Utter
(Address) 2126 Hollins St.

15 Filed JAN 15 1929, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 13, 1929, that I last saw h[illegible] alive on Jan 13, 1929, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia (Bilateral)

(duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) 0 yrs. 4 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. D. Heyslett, M. D.

, 19 (Address) 1730 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan. 15 1929

20 UNDERTAKER George L. Schwab ADDRESS 201 Fulton Ave

Cor.—10-10-29—A Co.—100 Bks.

Dailey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41617

CERTIFICATE OF DEATH

101-001

E 41617

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 880 W. Baltimore St., 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Dailey

(a) RESIDENCE NO. 880 W. Baltimore St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Dailey

6 DATE OF BIRTH (month, day, and year)
Oct. 26, 1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Patrick Connelly

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER
Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Sarah A. Carr.
(Address) 1139 Ellicott Drive.

15 Filed ....., 19.....
Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

1/14, 1929. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Jan. 16, 1929
20 UNDERTAKER	ADDRESS
George L. Schwartz	210 Fulton Ave.

Per.

Spec.–7-17-26—A Co.—200 Bks.

E 41618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

E 41618

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Velemorsky

(a) RESIDENCE NO. 812 N Castle St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? 35 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Velemorsky

6 DATE OF BIRTH (month, day, and year): October

7 AGE — Years: 63 — Months: ____ — Days: ____ — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

9 BIRTHPLACE (city or town) ____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Charles Svehla

11 BIRTHPLACE OF FATHER (City or town) ____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Emma Hajek

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Bohemia

14 Informant Charles Velemorsky

(Address) 812 N Castle St

15 Filed ____, 19____ ____ Registrar

NOV 5 1929 C. E. JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-14-29

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 19 29, to 1-14-29, 19____, that I last saw her alive on 1-14-29, 19____, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) 2 ? mos. ____ ds.

CONTRIBUTORY (Secondary) Cachexia, 5 ? Mon

Ascites (duration) ____ yrs. 1 mos. ? ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? yes Date of 1-5-29

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) J W Geller, M. D.

. 19 (Address) ____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Nov 17 1929

20 UNDERTAKER: Frank Crockett Sons — ADDRESS 1706 Eastern Ave

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41619 — PLACE OF DEATH BALTIMORE CITY HOSPITALS — 100-001 — E 41619

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST., 7-13 WARD)

2—FULL NAME Mary Opava

(a) RESIDENCE NO. 1746 Ashland ST., WARD
(Usual place of abode) in 1926
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Unknown

a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records of BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed NOV 5 1929 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-29

17

I HEREBY CERTIFY, That I attended deceased from 5-14 . 1926 . to 1-14 . 1929.

that I last saw her alive on 1-13 . 1929

and that death occurred, on the date stated above, at 2 00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, bilateral.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. 2 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. W. Hurst M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or if death was due to Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic	Jan 15 1929
20 UNDERTAKER Edward Boehm	ADDRESS 1406 Ashland

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41620

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

11-001

E 41620

REGISTERED NO.

City of BALTIMORE: (No. 317 N East St. No-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmello Bruno

(a) RESIDENCE NO. 317 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bruno

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Pete Bruno

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Mary Bruno

(Address) 317 East St

JAN 15 1929

Filed ... Registrar

P. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to Jan 14, 1929, that I last saw h.. alive on Jan 14, 1929, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Anthony L. Cumbo, M. D.

1-16, 1929 (Address) 1538 Fleet Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Jan 16 1929

20 UNDERTAKER Just Brook Son ADDRESS 1900 Eastern Ave

very Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 41621

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74 E 41621

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital. St. 1124 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Cecelia Ball.

(a) RESIDENCE NO. 801 Hamilton Terrace, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 2 mos. 27 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 18, 1881.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	47	2.	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Title Guarantee

(c) Name of employer and Trust Co.

9 BIRTHPLACE (city or town) .....

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaac L. Ball.

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Frances C. Hedgman.

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) D.C.

14 Informant Philip S. Ball. (brother)

(Address) 1323 Linden Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

1/15 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 801 Hamilton Terrace. Jany. 18, 1929

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lewisville, Virginia Date of Burial 1/16 1929

20 UNDERTAKER Henry W. Mears and Son ADDRESS 800 N. Calvert St.

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41622

E 41622

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1226 St Cross St. 21-24 Ward)

2-FULL NAME George B Reilly

(a) RESIDENCE NO. 1226 St. Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W hite

5 Single, Married, Widowed, or Divorced, (write the word): Married nee Lorigan

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. (Reilly) Lugnin

6 DATE OF BIRTH (month, day, and year): Sept 10 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo. Reilly

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Baidget Dennin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs. Mary E. Reilly

(Address): 1226 St Cross St

15 Filed 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. [illegible] M. D.

(Coroner) [illegible]

1/14 1929 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery Date of Burial 1/16 1929

20 UNDERTAKER: John F Cowan & Son ADDRESS: 901 Gallows

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41623

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo. Balto. Gen. Hosp. ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest J. Rhea

(a) RESIDENCE NO. 21 Warden Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Blanche Rhea

6 DATE OF BIRTH (month, day, and year) Apr 9, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... do

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Rhea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Speddon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

Filed JAN 13 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/29

17 I HEREBY CERTIFY, That I attended deceased from 1/13/29 19.. to 1/17/29 19.., that I last saw h[illegible] alive on 1/17/29 19.. and that death occurred, on the date stated above, at 4:17 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Fetterolf M. D.

1/17, 1929 (Address) L. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 16 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41624

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. 14-20 ST. WARD)

REGISTERED NO. E 41624

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sam Hayden

(a) RESIDENCE NO. 1303 No Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Not given

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Unable to get

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unable to get

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

Address BALTIMORE CITY HOSPITALS

Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17 I HEREBY CERTIFY, That I attended deceased from 1-24-25, to 1-12-29, that I last saw him alive on 1-12-29, and that death occurred, on the date stated above, at 3 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneracy
Hypertension

CONTRIBUTORY (Secondary) Old left Hemiplegia (duration) yrs. mos. ds.

(duration) 3 yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

1/13/29 (Signed) A. W. Hurst M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL 1/15/29

20 UNDERTAKER: Samuel D Hemsley — ADDRESS 578 N Bradford

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Steering

E 41625

CERTIFICATE OF DEATH

74-00 E 41625

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No.) ST. 12 S ST (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Cowden

(a) RESIDENCE NO. 119 West 27 st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

7 DATE OF BIRTH (month, day, and year): Sept 11/1889

8 AGE: Years 39 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Curb Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Ways Dept
(c) Name of employer: United R. & E. Co.

PARENTS

9 BIRTHPLACE (city or town) (State or country): Penna

10 NAME OF FATHER: Louis Cowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Rachel Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant

(Address)

BALTIMORE CITY HOSPITALS

JAN 15 1929

Filed B. H. JONES, M. D. Registrar

Per Klk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14-29

17 I HEREBY CERTIFY, That I attended deceased from 1-8 , 1929, to 1-14 , 1929, that I last saw him alive on 1-14 , 1929 and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Rt.
Left Hemiplegia

CONTRIBUTORY (Secondary): Hypertension (duration) yrs. mos. 6 ds.

Contusion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Klk, M. D.

19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lancaster Co. Pa	Jan 17 1929
20 UNDERTAKER: Philip Herwig	ADDRESS 2016 Edmonson Av

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901

E 41626

E 41626

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. 27-43 St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~J. Frank~~ Josephine Knotts

(a) RESIDENCE NO. 640 Rosemont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 23 – 1863.

7 AGE: Years 65 Months 1 Days 22 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland.

(State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Don't Know

14 Informant J. Frank Harper

(Address) 1 Winona Apts.

JAN 15 1929

(Registrar)

c/o B C & A Steamboat c/o J. Frank Harper

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-15-29

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 19 29 to 1-15, 19 29

that I last saw her alive on 1-15, 19 29

and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

Asthma & Emphysema

(duration) 20 yrs. mos. da.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 14 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis W. Cullen, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Centerville Md Date of Burial: Jan 17 1929

20 UNDERTAKER: Dugan Bros ADDRESS: 1217 St Paul

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Campbell ✓

E 41627

HEALTH DEPARTMENT—CITY OF BALTIMORE

1227 Bath. Haven

CERTIFICATE OF DEATH

REGISTERED NO. E 41627

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 150 W-st Fort ST. 23-31 WARD)

2—FULL NAME Mary Hipchen

(a) RESIDENCE NO. 150 West Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hipchen

6 DATE OF BIRTH (month, day, and year): 3/21/1871

7 AGE: Years 57 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: James Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14 Informant: John Hipchen

(Address): 150 W. Fort Ave

15 Filed NOV 5 1929 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 14. 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 14, 1929

that I last saw h alive on Jan 14, 1929

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. S. L. Campbell M. D.

Jan 16, 1929 (Address) 1644 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 1/16 1929

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Jones 720 N Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41628

CERTIFICATE OF DEATH

101-08

E 41628

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1627 W Fayette ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Watkins

(a) RESIDENCE NO. 1627 W Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B Watkins

DATE OF BIRTH (month, day, and year) Oct 28.1864

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Carl Steinmiller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katie Schnaufer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry B Watkins

(Address) 1627 W Fayette St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14.1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 14, 1929, that I last saw h[illegible] alive on Jan 13 [illegible], 1929 and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H G Jones M. D.

1/14, 1929 (Address) 720 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1/16 1929

20 UNDERTAKER [illegible]

ADDRESS 1217 St Paul St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41629

CERTIFICATE OF DEATH.

11-001

E 41629

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Harlem Ave ST. 16-23 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney McDonnal

(a) RESIDENCE NO. 922 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE white

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. McDonnal

6 DATE OF BIRTH (month, day, and year) May 13 53

7 AGE Years 75 Months 8 Days 0 If LESS than 1 day, hrs or min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Benj C. Stockdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah C. Lukens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jas E Stockdale (Address) 922 Harlem Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 4 , 1929 , to Jan 13 , 1929 ,

that I last saw her alive on Jan 12 , 1929 ,

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Lagrippe

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? nasal tests

(Signed) H. E. Knipp , M. D.

1/14 , 1929 (Address) 4025 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 1/16 1929

20 UNDERTAKER W M Cook

ADDRESS 2128 Pond

JAN 15 1929

EMERSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 41630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 White Ave., Raspeburg ST. 27th WARD) 27-43 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brown

(a) RESIDENCE NO. 3706 White Ave., Raspeburg ST., 27th WARD

(Usual place of abode)

Length of residence in city or town where death occurred All his life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper (retired 5 yrs.)

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Mathias Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Magdalene Nordman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Kate Gross (Address) 3706 White Ave., Raspeburg, Md.

15 Filed JAN 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1929

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Jan. 13, 1929, that I last saw him alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis and myocarditis with cardiac hypertrophy

(duration) 20 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation 24 hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1/14 1929 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
GREENMOUNT CEMETERY	Jan 16 1929
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	Baltimore St & Broadway

Cor.—12-9-25—A Co.—200 Bks.

E 41631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 41631

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 2-4 Ward)

2-FULL NAME Thomas Kawtorski

(a) RESIDENCE NO. 408 S- Ann St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1901

7 AGE: 27 Years 28 Months 25 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Stanlious

11 BIRTHPLACE OF FATHER (city or town): Poland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Konnuska

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

14 Informant: Catherine Kawtorski

(Address) 20 E. Lexington St.

Filed JAN 15 1929 HARRY H. JONES, ... Registrar

By R. C. A.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fall

Fracture of R. Leg.

(Duration) Yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) Del Torres.

Jan 14 29 (Duration) Yrs. ____ mos. 5 ds.

(Signed) J. C. Blades M. D.

19 (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial Jan 16 1929

20 UNDERTAKER M. W. E. Dippel ADDRESS 31 E Lanvale

Filed JAN 15 1929

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41632

2210 8

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-4 WARD)

2-FULL NAME Frank Wagner

(a) RESIDENCE NO. 217 N. Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 9 1928

7 AGE: Years — Months 7 — Days 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Frank Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Clara Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Parents —

(Address)

15 Filed NOV 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 — 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 . 1928 . to Jan 15 . 1929 .

that I last saw him alive on Jan 15 . 1929 .

and that death occurred, on the date stated above, at 5-5 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, primary

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Empyema, catarrhal

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary — DATE OF BURIAL Jan 16 1929

20 UNDERTAKER W. E. Dippel — ADDRESS 37 Hanover

Stone.—1-10-21—M&T—1500 Blks.

E 41633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-60

E 41633

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Ave. (ST.) 20-70 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marie Hoopes

(a) RESIDENCE No. 3656 Rossith — ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Hoopes

6 DATE OF BIRTH (month, day, and year): 25th of May 1901

7 AGE: Years 27 Months 7 Days 19

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Harry Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Thomas.

(Address) 2650 Wilkens Ave

15 Date: 5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-13 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-12 .1929. to 1-13 .1929.

that I last saw her alive on Jan 12th .1929

and that death occurred, on the date stated above, at 11 12 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (right) (1)

Incomplete abortion

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cause 4 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Above address,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Cause

(Signed) Frederick Berger M. D.

, 19 (Address) (Above address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEMETERY — DATE OF BURIAL: Jan 16, 29

20 UNDERTAKER: F. B. Hufford — ADDRESS: 1850 N. Gilmor St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41634 45 E 41634

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1109 N. Patterson Park Ave. ST. ~~(OR WARD)~~)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William S. Morrison

(a) RESIDENCE NO. 1109 N Patterson Park Ave (Usual place of abode) WARD

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Funk

6 DATE OF BIRTH (month, day, and year): Nov 9. 1851

7 AGE: Years 76 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Store

(c) Name of employer: Hecht Bros

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: William Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Rachael Upperco

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Orleans

14 Informant: Catherine Morrison

(Address): 1109 N Patterson Park Ave

15 Filed 19 Registrar

151929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13-1929.

17 I HEREBY CERTIFY, That I attended deceased from July 15 1928, to Jan 13 1929, that I last saw h[er] alive on 11 10 1928 and that death occurred, on the date stated above, at 10-a. m.

The CAUSE OF DEATH* was as follows:

1 Hypostatic Pneumonia

Duration 10 mos. 2 ds.

CONTRIBUTORY (Secondary) Diseases of Kidneys + Prostate

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Lemmon, M. D.

1/17/29 (Address) 2107 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: John Weries

ADDRESS: 298 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41635

91-E 41635

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 15-54 Ward)

2-FULL NAME Lt Gust James

(a) RESIDENCE NO. 237 Eutaw St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lobster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm Henry James

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Antonia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Hospital

(Address)

Filed 1929 Jan 15 H. HANSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Chief Division of Health

JAN 14

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41636

CERTIFICATE OF DEATH.

161-001

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Mount ST. 11-27 WARD)

2-FULL NAME Baby Girl Stacy.

(a) RESIDENCE NO. 211 N Mount St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Elihu MacLean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Creole Stacy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address)

15 JAN 5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1929, to Jan 14, 1929, that I last saw h alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 10:00 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (36 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/14, 1929 (Address) Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Permit No. 3137

JOHNS HOPKINS HOSPITAL

Commissioner Health

JAN 14 1929

Spec.—1-10-21—M&T—1500 Blks.

E 41637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41637

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Augusta ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME N Emory Plummer

(a) RESIDENCE NO. 420 Augusta ST., WARD 23 R

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		20	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 49

(b) General nature of industry, business, or establishment in which employed (or employer) Chemists

(c) Name of employer Graffin & Co Baltimore Maryland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John F. Plummer

11 BIRTHPLACE OF FATHER (city or town) Easton (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth A. Carlson

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Maryland

14 Informant John F. Plummer Jr (Address) 420 Augusta St

15 JAN 5 1929 C. Hampson Jones M.D. Registrar

Per Alph

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to June 13 1929, that I last saw him alive on June 14, 1929, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach & Liver

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Intestinal

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Fitch M. D.

(Address) June 5 1929 936 E. Monument St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Jan 6 1929

20 UNDERTAKER John B. Spence ADDRESS 1325 N Carey wsa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

22 B 41638 — E 41638

CERTIFICATE OF DEATH.

74-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL St. 15-68 WARD)

2-FULL NAME ~~Albert~~ Manning

(a) RESIDENCE No. 1925 Whicheaup ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Color	Sing C

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 31889.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virgina

PARENTS

10 NAME OF FATHER John L Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virgina

12 MAIDEN NAME OF MOTHER Elizabeth Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant Kcaid

(Address) JOHNS HOPKINS HOSPITAL

Filed 1929 C. HAMPSON JONES, M. D.

By W. E. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Jan 12, 1929.

that I last saw h[illegible] alive on Jan 12, 1929

and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary) Paralysis of Cerebral embolus (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Exam

(Signed) C H Jones M. D.

1/13, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Va

[illegible] I. O.

20 UNDERTAKER Martin Daley & Sons.

DATE OF BURIAL Jan. 16 1929.

ADDRESS 1827 N Northern

Spec.—2-29-28—L. F. S.—500 Bks.

E 41639

HEALTH DEPARTMENT—CITY OF BALTIMORE

BALTIMORE CITY HOSPITALS

CERTIFICATE OF DEATH

43 E 41639

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Tracey

(a) RESIDENCE NO. 329 So. Pamish ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Tracey

6 DATE OF BIRTH (month, day, and year) July 12 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) –

(c) Name of employer –

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed [illegible], 19 [illegible] By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-29

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1929, to 1-13, 1929, that I last saw him alive on 1-13, 1929 and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Soft Palate

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan. 16, 1929
20 UNDERTAKER	ADDRESS
Thos. N. Wittle	1531 Lombard

Spec.—2-29-28—L. F. S.—500 Bks.

E 41640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 41640

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2698 St. Benedict St. WARD) 20-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Virginia Strusz

(a) RESIDENCE NO. 2698 St. Benedict St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1927

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry E. Strusz

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Hilda Landgraf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Henry E. Strusz

(Address) 2698 St. Benedict St.

15 Filed 1 5 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/29

17 I HEREBY CERTIFY, That I attended deceased from 1/13, 1929, to 1/14, 1929, that I last saw h[illegible] alive on 1/14, 1929 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Influenza a

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings & autopsy

(Signed) Duncan P. Allen M. D.

, 19 (Address) 336 Stockholm St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/16/29 19
20 UNDERTAKER Henry N. Wittle, 5320	ADDRESS Loudon St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41641

CERTIFICATE OF DEATH

90 E 41641

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 S. Clinton St. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian J. Rehmert

(a) RESIDENCE NO. 1202 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May. 3-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gottleit Rehmert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Schwant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs C. J. Davis
(Address) 1202 S. Clinton St.

15 5 1929 C. Hanson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 14, 1929.

that I last saw h— alive on Jan 14, 1929

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tetlow M. D.

1/15, 1929 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan 16 1929

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager st.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41642 E 41642

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 100 University Parkway 42-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Ada Mercer Porter Goodrich

(a) RESIDENCE NO. 100 University Pkway W. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: G. Clem Goodrich

6 DATE OF BIRTH (month, day, and year): February 18, 1856

7 AGE: Years 72 | Months 10 16 | Days 27 2 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None (Housewife)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: George L. Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Adeline S. Hooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S. A

14 Informant: Sister-in-law Mrs. Chas Eyerly

(Address): Hagerstown Md

15 5 1929, 19.., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 15-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1928, to Jan. 15, 1929, that I last saw h.er alive on January 14, 1929 and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & endocarditis (mitral stenosis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles L. Mystrom, M. D.

1/15, 19.. (Address) 1717 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREEN MOUNT CEMETERY CO.

DATE OF BURIAL: January 17 19 29

20 UNDERTAKER: HENRY W. JENKINS & SONS CO.

ADDRESS: Eastland & Mt. Bellech Sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41643

CERTIFICATE OF DEATH.

188-183 L

E 41643

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Franklin Sq. Hospital St. 563 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude A. McGee

(a) RESIDENCE NO. 1720 Ashburton St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/28/1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Wallis S McGee

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER W J Foster

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant W. S. McGee

(Address) Balto. Md

15 Filed _____ 19____

JAN 9 1929

By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed between Truck and Automobile. Chest crushed

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Chas O'B Bowie M. D.

(Coroner) J. Wm. Sis

1/15. 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cemetery Reading Date of Burial Jan 16 1929

20 UNDERTAKER George F Ruth ADDRESS 1735 Harford Ave

Very Important. See Instructions on back of certificate.

(Hannigan)

E 41644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41644

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Diamond Earle Hannigan

(Residence in Baltimore: No. 426 S. Robinson St. 12 St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, December 9, 1899
(Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: traffic policeman
(b) General nature of industry, business, or establishment in which employed (or employer): City 61

9-BIRTHPLACE, (State or Country). Maryland Penna

PARENTS.

10-NAME OF FATHER, Diamond E. Hannigan

11-BIRTHPLACE OF FATHER, (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Laura Warner

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura Hannigan

(Address) 411 S Elwood Ave

15-

Filed 5 1929

C. HARRISON JONES, M. D.
Registrar.

By: DRA

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14 1929
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Surgical Shock.

Fracture of femur & intra abdominal injuries

Unavoidable accident struck by, Duration 0 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Fall from R. R. Train

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner) ..... M. D.

Jan 15 1929 (Address) 1639 Bway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Pine Grove cemetery DATE OF BURIAL. Jan 16, 1929

20-UNDERTAKER. E. LeRoy Stafflen ADDRESS 125 E North Ave

Spec. 1-10-21 M&T 1500 Bks.

E 41645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 74-001

E 41645

1-PLACE OF DEATH Hopkins Apts.

CITY OF BALTIMORE: (No. Baltimore Md St. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Bosley

(a) RESIDENCE NO. Parkton, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Bosley

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Elijah E. Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John B. Bosley

(Address) 407 Hopkins Apts.

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M. D.

JAN 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 13, 1929, that I last saw h[illegible] alive on Jan 13, 1929, and that death occurred, on the date stated above, at 11.50 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Sclerosis Arteries

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Chas. W. Cronenwett M. D.

(Address) 9 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fortis cemetery Penford Md

DATE OF BURIAL Jan 16, 1929

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 135 E North Ave

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

E 41646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41646

CERTIFICATE OF DEATH.

31 REGISTERED NO.

1-PLACE OF DEATH Women's Hosp

CITY OF BALTIMORE: (No. Lafayette & John ST. 1420 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Willabel Pitcher

(a) RESIDENCE No. 220 Laurens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Pitcher

6 DATE OF BIRTH (month, day, and year) ~~Nov. 17, 1875~~ Oct. 10, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Princess Ann, Md.

PARENTS

10 NAME OF FATHER Wm. Ed. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Princess Ann Md.

12 MAIDEN NAME OF MOTHER Helen Bashell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Princess Ann. Md.

14 Informant Mr. William H. Pitcher

(Address) 220 Laurens St.

15 Filed JAN 16 1929 C. Hamilton Jones, Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17

I HEREBY CERTIFY, That I attended deceased frnm Jan 10, 1929, to Jan 14, 1929, that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 2 05 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Robert S. McClung M. D.

1/14, 1929 (Address) Womans Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Anne, Md.

DATE OF BURIAL Jan. 16 29

UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41647

CERTIFICATE OF DEATH

90 E 41647

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1941 West Franklin ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James M. McLaughlin

(a) RESIDENCE NO. 1941 West Franklin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. McLaughlin

6 DATE OF BIRTH (month, day, and Apr. 22 " 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Account Adjuster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. and P. Telephone Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James M. McLaughlin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ann Bryant

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

14 Informant Mary A. Mc Laughlin
(Address) 1941 West Franklin St.

15 Filed 1 5 1929, 19 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th. 1929

17

I HEREBY CERTIFY, That I attended deceased from January 7, 19 29, to January 13, 19 29,

that I last saw h[illegible] alive on January 10, 19 29

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza and bronchial pneumonia

(duration) - yrs. - mos. 6 ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(duration) about 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) C. O'Connell, M. D.

1/14, 19 29 (Address) 1203 West Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan. 17" 1929
20 UNDERTAKER [illegible] Cook	ADDRESS 1003 N. Calvert St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41648

CERTIFICATE OF DEATH.

E 41648

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5717 Reisterstown Rd. 27-56 Ward)

2-FULL NAME Amelia J. Arndt

(a) RESIDENCE NO. 5715 Reisterstown Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Arndt

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Kreiger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Richard Oler

(Address) Slate Ave., Pikesville, Md.

15 Filed ..... 19 ..... Registrar

JAN 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 14, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 14, 1929,

that I last saw her alive on Jan 13, 1929,

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Physical Exam

(Signed) C B Turner, M. D.

1-14, 1929 (Address) 4926 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Jan. 17 19 29

20 UNDERTAKER Joseph B Cook ADDRESS 1003 West Baltimore St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 41649

2 E 41649

CERTIFICATE OF DEATH. × 30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME John Gutridge

(a) RESIDENCE No. Colonial Beach ST. 2a WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1/2/73

7 AGE — Years: 55 — Months: 2 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va -

PARENTS

10 NAME OF FATHER George Gutridge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER Martha Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va -

14 Informant: Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 1 5 1929 Registrar: G. HARRISON JONES, M. D.

Pat. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928, to Jan 15, 1929.

that I last saw him alive on Jan 15, 1929,

and that death occurred, on the date stated above, at 1.55 p-m.

The CAUSE OF DEATH* was as follows:

Mycosis fungoides

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Secondary infection, Septicaemia, pulmonary embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Sidney A. Gladstone M. D.

Jan 15, 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Colonial Beach Va

DATE OF BURIAL: 1/18 1929

20 UNDERTAKER: Edward Fowlkes

ADDRESS: 235 Main St

Spec.—1-12-23—M&T—500 Blks.

E 41650 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41650

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 E. Barney ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Trego

(a) RESIDENCE No. 125 E. Barney ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Trego

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Samuel Phillips

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER M. Callender

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant John R. Trego (Address) 128 E. Barney

15 Filed 5 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Jan 15, 1929 that I last saw him alive on Jan 14, 1929 and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. T. Campbell M. D.

1/15, 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Creek Cem Md DATE OF BURIAL 1/18 1929

20 UNDERTAKER W W Slaiver ADDRESS Rd 18 Edmondson

Spec.—1-10-21—M&T—1500 Blks.

E 41651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41651

CERTIFICATE OF DEATH.

118-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 2-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Helen Gurski

(a) RESIDENCE NO. 1610 Shakespeare ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE: Years 49 Months Days
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer): 049
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 5 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to January 13 1929
that I last saw her alive on January 13 1929
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
Cardiac failure

(duration) yrs. mos. 8 da.
CONTRIBUTORY (Secondary) Lacerations of cervix
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of 1-6-29
Was there an autopsy? No
What test confirmed diagnosis? Clinical diagnosis
(Signed) Edward Steinhardt, M. D.
1-15, 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus
DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: John M Weber
ADDRESS: 4018 Chester

Spec.—1-12-23—M&T—500 Bks.

E 41652 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41652

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S Kenwood Ave ST. WARD)

2-FULL NAME Mary P. Layfield.

(a) RESIDENCE NO. 615 S Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W Layfield

6 DATE OF BIRTH (month, day, and year) Aug 6-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairmont Commo

PARENTS

10 NAME OF FATHER John Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Bloxsom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Geo W Layfield 615 S Kenwood Ave

15 Filed JAN 19 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 1929 to Jan 15 1929 that I last saw h[illegible] alive on Jan 15th 1929 and that death occurred, on the date stated above, at 1-20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fod. M. D.

, 19 (Address) 1700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont Commo | DATE OF BURIAL Jan 17th 1929

20 UNDERTAKER Kertram & Hoe 1923 | ADDRESS W Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41653 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41653

1-PLACE OF DEATH

City of BALTIMORE: (No. 3612 S. 3rd St (1st Dist. 27th Ward) St. Registered No. .....

2-FULL NAME Eva. Krich (KRICH)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3612 S 3rd St. Brooklyn St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Krich

6-DATE OF BIRTH (month, day and year) May 12. 1855

7-AGE. 73 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Hungary.

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not known

14- (Informant) Mrs. Hilye (Daughter)

(Address) 3612 S 3rd St

15- Filed 1929 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-13-29

17- I HEREBY CERTIFY, That I attended deceased from January 9 1929 to January 13 1929

that I last saw he alive on Jan 12 1929

and that death occurred, on the date stated above, at 10 55 A M

The CAUSE OF DEATH* was as follows

Influenza

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia Pulmonic

(Duration) ... yrs. ... mos. 5 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos H Simms M. D

1/14, 1929 (Address) 2878 Harford Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a a C.	1-16 1929
20-UNDERTAKER	ADDRESS
C & B Hall	115 E West St

Spec.—1-12-23—M&T—500 Blks.

E 41654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Glenwood Ave, 1951 WARD)

2-FULL NAME William C. DeGrange

(a) RESIDENCE No. 1518 Glenwood Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 1 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	X	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middletown Maryland

PARENTS

10 NAME OF FATHER Earl DeGrange

11 BIRTHPLACE OF FATHER (city or town) Middletown (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Meiss

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co (State or country)

14 Informant Earl DeGrange

(Address) 1518 Glenwood Ave

Filed JAN 16 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 14-29, to Jan 14-29, that I last saw h alive on Jan 14-29, and that death occurred, on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

(duration) 1 day

(b)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H. G. Fellers M. D.

Jan 15, 1929 (Address) 3611 Fairfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Frederick Md — DATE OF BURIAL Jan 18 1929

20 UNDERTAKER Thomas P. Price — ADDRESS Frederick Md

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Fenby 1223 N Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41655

129 E 41655

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1521 E Chase ST., 9-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Kopochesko

(a) RESIDENCE NO. 1521 E Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Kopochesko

6 DATE OF BIRTH (month, day, and year) Aug 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Kopochesko

(Address) 1521 E Chase St

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11 —, 19 2[illegible] to Jan. 15 —, 1929.

that I last saw h[illegible] alive on " 14 —, 1929

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) 2 yrs. — mos. 20 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Edwin B. Fenby, M. D.

1/15/, 1929 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 1/17 19 29

20 UNDERTAKER: [illegible]

ADDRESS 217 S Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hyde 1100 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41656

CERTIFICATE OF DEATH

90

E 41656

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 E North Ave ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Broadbelt

(a) RESIDENCE NO. 1222 E North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27. 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John Broadbelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Martha Kitson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng.

14 Informant Mrs Alice Mulligue

(Address) 1222 E North Ave

15 Filed JAN 16 1929, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 19 29, to Jan 14, 19 29, that I last saw h.r alive on Jan 13, 19 29 and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

acute Card. Dil. Pulmonary

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Beale, M. D.

Jan. 19 29 (Address) 1100 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Crem	1/16 29
20 UNDERTAKER	ADDRESS
M Cook	1217 E Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

E 41657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 41657

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 401 S. Newkirk ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrea Magdalina Norris

(a) RESIDENCE NO. 401 S. Newkirk ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): April 5 1927

7 AGE — Years: 1 — Months: 9 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Arnold Joseph Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elsie Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Arnold Norris

(Address) 401 S Newkirk St

Filed JAN 16 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec-21, 1928, to Jan. 14, 1929, that I last saw h[e]r alive on Jan. 14 1929, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary): Acute Bronchio Pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schindlinger M. D.

, 19 (Address) 45 14 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine

DATE OF BURIAL: 1/17 1929

20 UNDERTAKER: W M Cook

ADDRESS: 2128 Gould

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41658 E 41658

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 James St. 21-14 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth S. Bingel

(a) RESIDENCE No. 1213 James. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Bingel

6 DATE OF BIRTH (month, day, and year) Sept 18. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	no	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown.

12 MAIDEN NAME OF MOTHER unknown Jan 16. 1927

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Lillie Messiner (Address) 213 James St

15 Filed JAN 19 1929 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1927 . to Jan 15 . 1927 .

that I last saw h alive on Jan 14 . 1927 .

and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lung Rales.

(Signed) R J Gluyas M. D.

(Address) Parkton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/18 1927

20 UNDERTAKER H M Cook

ADDRESS 1247 Park Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41659

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Grant ST. 5-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ludlam

(a) RESIDENCE NO. 428 N. Grant ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. J. Ludlam

6 DATE OF BIRTH (month, day, and year): Unknown 1866

7 AGE: Years 62 (63) | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Owings Mills Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Lucy Jackson

(Address) 428 N. Grant

15 Filed JAN 16 1929, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 12, 1929,

that I last saw h[illegible] alive on Jan 12, 1929

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

acute Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein, M. D.

1/15, 1929 (Address) 733 Lisburn St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 16 1929
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elbert	Lasheland

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41660

CERTIFICATE OF DEATH

90

E 41660

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 865 Vine ST. 18-16 WARD)

2—FULL NAME John Cheesemond

(a) RESIDENCE NO. 865 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colow

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mch 18, 1870

7 AGE: Years 58 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Whitewasher

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John Cheesemond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Anne Collins

(Address): 865 Vine

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13, 29

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Jan 13, 1929, that I last saw him alive on Jan 12, 1929 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urinalysis

(Signed) L. M. McCard M. D.

1/14, 1929 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — DATE OF BURIAL: 1/16, 29

20 UNDERTAKER: Samuel T. Moseley — ADDRESS 578 N Biddle

Spec.—2-29-28—L. F. S.—500 Blks.

E 41661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 41661

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 918 W. Lexington ST. 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Jackson

(a) RESIDENCE NO. 918 W. Lexington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE — Years: 58 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): " 070

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Viola Beasley
(Address) 918 W. Lexington St.

15 Filed JAN 16 1929 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/13/29

17 I HEREBY CERTIFY, That I attended deceased from 1/10/29, 19.., to 1/10/29, 19.29
that I last saw her alive on 1/13/29, 19.29
and that death occurred, on the date stated above, at 1:12 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Bowles, M. D.

1/14/29 (Address) 908 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/16/29

20 UNDERTAKER: Samuel T. Kemp

ADDRESS 578 N. Eddy

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41662 11-001 E 41662

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Lambert ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Adams

(a) RESIDENCE NO. 533 Lambert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas F Adams

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE — Years: 54 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Gettysburg Pa

PARENTS

10 NAME OF FATHER: Chas Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Jarvis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Chas F Adams

(Address) 533 Lambert St

15 JAN 16 1929 Received

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 13, 1929, that I last saw her alive on Jan 12, 1929 and that death occurred, on the date stated above, at 2-7 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza - Probably

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) A K Goucher M. D.

1-15-29 (Address) 117 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	1/16 1929
20 UNDERTAKER	ADDRESS
Edward D Kennedy	538 N Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 41663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 41663

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 230 Aralon ave ST. 13-59 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Miller

(a) RESIDENCE NO. (Usual place of abode) 230 Aralon ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Era Miller

6 DATE OF BIRTH (month, day, and year): April 1-1868

7 AGE: Years 61 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

(c) Name of employer: Merchant

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Epstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Miller

(Address) 230 Aralon ave

15 Filed N 16 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1928, to Jan 15th, 1929, that I last saw h[illegible] alive on Jan 14th, 1929, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Jan 1928

Was there an autopsy? no (Macroscopic)

What test confirmed diagnosis? clinical findings

(Signed) Michael A. Aranda, M. D.

Jan 15th 1929 (Address) 2360 Eastern place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrem Freindshaft Cem

DATE OF BURIAL: 1/16 1929

20 UNDERTAKER: Josh Lewis

ADDRESS: 1439 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41664

CERTIFICATE OF DEATH

57 E 41664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 St. Callington ave ST. 8-16 WARD)

2—FULL NAME Lotia Rubin

(a) RESIDENCE NO. 1718 St. Callington ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses J. Rubin

6 DATE OF BIRTH (month, day, and year): 1845

7 AGE: Years 84 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Antam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Antam

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samon Rubin

(Address) 1414-7. Lexington st

15 Filed JAN 16 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 15, 1929, that I last saw h[illegible] alive on Jan 15 1929 and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Asthenia Senilis

Cum Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 4 ds.

18 Where was disease cnntracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autnpsy?

What test confirmed diagnnsis?

(Signed) Joseph E. Pickus, M. D.

Jan 16. 1929 (Address) 3204 Garrison blvd

*State the Disease Causing Death, nr in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Cem

DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: Jack Louis

ADDRESS: 1439 E. Baltimore st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41665

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

168

E 41665

REGISTERED NO.

City of BALTIMORE: (No. 2002 E. Balto., St. 6-10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Bennett

(a) RESIDENCE NO. 2002 E. Balto., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wolf Bennett

6 DATE OF BIRTH (month, day, and year) Apr 10/1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Lorbes Kruger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel Siegel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant

(Address) 2002 E. Balto St

Filed ..... 19 .....

..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation- Hung herself to door frame with electric cord.

(Suicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ill Health

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paul M. D.

(Coroner)

1/15/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Actual Friendship Date of Burial 1/16 1929

20 UNDERTAKER Jos Livingston & Bro ADDRESS 1127 E Balto St

N 16 1929

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41666

CERTIFICATE OF DEATH.

90 E 41666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2620 Shirley Ave (St.) 15-58 (WARD)

2-FULL NAME Elizabeth C. Bauersfeld

(a) RESIDENCE NO. 2620 Shirley Ave - WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G Bauersfeld.

6 DATE OF BIRTH (month, day, and year) July 8-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila., Pa.

PARENTS

10 NAME OF FATHER Dr J. Endenstring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa.

12 MAIDEN NAME OF MOTHER Ste Dargent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila

14 Informant John G Bauersfeld
(Address) 2620 Shirley Ave

15 Filed JAN 16 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Jan 14 1929.

That I last saw her alive on Jan 14 1929

and that death occurred, on the date stated above, at 12 a m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert F Green, M. D.

1-15, 1929 (Address) 120 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Jan 17 1929

20 UNDERTAKER Geo M. Frick & Son ADDRESS 811 N Howard

Spec.–7-17-26—A Co.—200 Bks.

E 41667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-001

E 41667

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1715 Vine St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Columbia Whiting

(a) RESIDENCE NO. 1715 Vine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Whiting

6 DATE OF BIRTH (month, day, and year): June 1858

7 AGE: Years 70 Months 7 Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Va.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Va.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant: Mrs. Richard Whiting

(Address) 1715 Vine St.

Filed JAN 16 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 14, 1929.

that I last saw h.. alive on Jan 14, 1929.

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. E. Schaffer, M. D.

19 (Address) 712 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial: Jan 16 1929

20 UNDERTAKER: Thos. J. S. Locke ADDRESS 1302 Jeffers

JAN 16 1929

Registrar

Fill in plain letters, so that it may be plainly read. Every question must be answered, as the information is very important. See instructions on back of certificates. OCCUPATION is property classified.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41668

1—PLACE OF DEATH

CERTIFICATE OF DEATH

90

E 41668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1007 Smallwood ST. 20-69 WARD)

2—FULL NAME Elizabeth Donaldson

(a) RESIDENCE NO. 106 N Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17 1859

7 AGE — Years: 69 | Months: 9 | Days: 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Edward Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McNaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14

Informant: James Conway

(Address): 1007 Smallwood St

15

Filed JAN 9 1929 W. H. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/15, 19 28 to 1/14, 19 29

that I last saw h w alive on 1/14, 19 29

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Lesion & Hypertension

CONTRIBUTORY (Secondary) Myocarditis (duration) 1 yrs mos. ds.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam & blood pressure

(Signed) Chas O Leal M. D.

1/17, 19 29 (Address) 2102 N Bell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: Charles H Keehner — ADDRESS: 1532 Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 41669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7/4-001 E 41669

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Clifton ST., 1561 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwid R. Tudor.

(a) RESIDENCE No. 3002 Clifton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept-11-1849.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
	79	— 3	— 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J H Tudor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elizabeth S. Tudor

(Address) 3502 Clifton Ave

15 Filed JAN 16 1929 H. M. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 — 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct-4, 1928, to Jan-14-, 1929.

that I last saw him alive on Jan-13, 1929.

and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis senile with Cardiac Decompensation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (Cerebral Hemorrhage)

(duration) 1 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole M. D.

1/14, 1929 (Address) 2207 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 16 1929
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41670

CERTIFICATE OF DEATH

101-001 E 41670

1—PLACE OF DEATH

REGISTERED NO. 21-29

CITY OF BALTIMORE: (No. 1226 Washington Blvd. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Beale

(a) RESIDENCE NO. 1226 Washington Blvd. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Beale

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	70	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Buffalo, (State or country) New York

PARENTS

10 NAME OF FATHER Kearon Penbroke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Edward C. Beale

(Address) 1226 Washington Blvd.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 14, 1929, that I last saw her alive on Jan 14, 1929 and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) 1 yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) L Thurston, M. D.

1/15/29 (Address) 888 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan 17 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Cor.—10-10-29—A Co.—100 Bks.

E 41671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 7124 W. West St. 7-24 Ward)

2-FULL NAME William . F. Johns

(a) RESIDENCE NO. 7124 W. West St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Ida Rudolph
(Address) 1213 Eastern Ave

Filed JAN 16 1929 19 Elizabeth Jones, Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Chronic Myocardial
Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Geter, M. D.

1/16, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Jan 16 1929

20 UNDERTAKER M. J. Flynn

ADDRESS 1422 Light

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41672

11-001

E 41672

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Fulton ave ST., 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriett A. Kahler

(a) RESIDENCE NO. 835 N. Fulton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles P. Kahler

6 DATE OF BIRTH (month, day, and year): Jan 13-1862

7 AGE: Years 67; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Edward Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth Crouch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: William Kahler

(Address) 835 N. Fulton ave

15 Filed N 16 1929 THOMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 7, 1929, to Jany 13, 1929, that I last saw h.. alive on Jany 12, 1929, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) La Grippe (duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 6 ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. O'Neill, M. D.

1/13, 1929 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1 17 1929

20 UNDERTAKER: Chas. F. Mans & Son

ADDRESS 118 W Mt Royal ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41673

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-09

E 41673

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Bond ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella M. Ward

(a) RESIDENCE NO. 1418 N Bond ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard J Ward

6 DATE OF BIRTH (month, day, and year) March 15-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George A Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine Moylan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Richard J Ward
(Address) 1418 N Bond St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 14, 1929, that I last saw her alive on Jan 13, 1929 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Cardema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Coon, M. D.

1-14 1929 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/17 1929

20 UNDERTAKER Chas F. Faust & Son ADDRESS 1180 N Gay

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41674

CERTIFICATE OF DEATH

24-001 E 41674

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 So. Regerstar ST. 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME GEORGE KOCHANSKI,

(a) RESIDENCE NO. 711 So. Regester ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? 37 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Lina Kochanski,

6 DATE OF BIRTH (month, day, and year) ------- 1868.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work Laborer

(b) General nature of Indostry, bosiness, or establishment in which employed (or employer) Baltimore, City,

(c) Name of employer High way Dept.,

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Napomocien Kochanski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Apolonia Minkiewicz,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Lina Kochanski, (Wife)

(Address) 711 So. Regester Street.

15 JAN 10 1929 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 28, to Jan 14, 29

that I last saw him alive on Jan 14, 29

and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs 14 mos ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. F. Wagner M. D.

19 29 (Address) 1005 South Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natore of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H. Stemmers.	Jan. 18. 1929.
20 UNDERTAKER	ADDRESS
W. F. Sadowski,	705 S. Amity

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41675 E 41675

CERTIFICATE OF DEATH.

X 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (WARD) 9

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Franklin

(a) RESIDENCE No. Churchton, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Franklin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Robert Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Jessamy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) Mrs. Laura Thomas Owings Mills Md

15 Filed JAN 16 1929, 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1928, to 1/15, 1929, that I last saw her alive on 1/15, 1929 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12/5/28 1/14/29

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Edward F. Buchner M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Galloway's Md

DATE OF BURIAL Jan 17 1929

20 UNDERTAKER Wm J. Luckett & Sons

ADDRESS Rockville Md

Spec.–7-17-26—A Co.—200 Bks.

E 41676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41676

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO. 21-091

City of BALTIMORE: (No. 1562 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Philip Muendlein Sr.

(a) RESIDENCE NO. 3702 Brantley Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 3 mos. 20 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Muendlein

6 DATE OF BIRTH (month, day, and year) Sept. 26 1881

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
47	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dry Goods & Notions

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Philip Muendlein

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Eilers

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mrs Mary E. Muendlein

(Address) 3702 Brantley Rd.

15 Filed ..... By .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-1927 19

17 I HEREBY CERTIFY, That I attended deceased from 1-11 19 27 to 1-15 19 27

that I last saw h[illegible] alive on 1-15 19 27

and that death occurred, on the data stated above, at 7.50 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia – Streptococcus

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: Spinal fluid.

(Signed) Wm. W. Eilers M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial June 1927

20 UNDERTAKER W. F. Kuckuck & Sons ADDRESS Monument St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41677

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

101-091 E 41677

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) St. Agnes Hosp (ST.) 16-23 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Hogan

(a) RESIDENCE No. 703 Arlington ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 9 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER John H. Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Gee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Strauch

(Address) 703 Arlington ave

15 Filed JAN 16 1929 By: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Jan 14 1929.

that I last saw h alive on Jan 14 1929

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? above address

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

Signature Augustine P. Vanschuyver M.D.

Address 5308 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters Cemetery DATE OF BURIAL 1/17 1929

20 UNDERTAKER L. J. Horan ADDRESS 300 E Balto

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41678

91-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 2-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bartley Tierney

(a) RESIDENCE NO. 404 S Castle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: 62 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Records
(Address)

15 Filed JAN 16 1929 19 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14-29

17 I HEREBY CERTIFY, That I attended deceased from 12-27 1928 to 1-14 1929.

that I last saw him alive on 1-14 1929

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Varicose ulcer, Rt leg.

Arteriosclerosis (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wirth M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pen Cathedral Cem	1/17 1929
20 UNDERTAKER J. J. Moran	ADDRESS 3 Doo E Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41679

CERTIFICATE OF DEATH

× 129

E 41679

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD)

2—FULL NAME Arnold de Brier

(a) RESIDENCE NO. 142 S. Maryland Ave ST. Atlantic City, New Jersey
(Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U. S., If foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Registration Bureau

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) Romania
(State or country)

PARENTS

10 NAME OF FATHER Leon de Brier

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Romania

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Daniel de Brier
(Address)

15 Filed JAN 16 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 16/29

17 I HEREBY CERTIFY, That I attended deceased from 12-12-28 19 to 1-16-29 19
that I last saw him alive on 1-16-29 19
and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Mesaconduites, chronic
Nephritis, chronic

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlantic City NJ | DATE OF BURIAL Jan 16 1929

20 UNDERTAKER David Goodheim | ADDRESS 1[illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 41680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41680

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertie Felsenberg

(a) RESIDENCE NO. 800 Reservoir ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Felsenberg

6 DATE OF BIRTH (month, day, and year) July 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Coals Island.

PARENTS

10 NAME OF FATHER Abraham Erlanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Babrack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Felsenberg

(Address) 800 Reservoir St.

DEC 16 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16 1929

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 1928, to 11/16, 1929, that I last saw her alive on 11/16, 1929, and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Toxicity of Tungsten
myocardial insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Pneumonia cardio-vascular lues

(duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical examination

(Signed) A. L. Silver, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	11/18/1929

20 UNDERTAKER Baird Sondheim ADDRESS 1820 W. Mt Royal Ave

TION IS very important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41681

CERTIFICATE OF DEATH

38 E 41681

1—PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 16-23

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wellington A. Wilson

(a) RESIDENCE NO. 1031 N. Courtenay Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Blk

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~: Maggie Wilson

6 DATE OF BIRTH (month, day, and year) April 14, 1890

7 AGE: Years 38 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Cordy Parsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Baltimore City Hospitals
(Address)

15 JAN 16 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928 to Jan. 13 1929 that I last saw him alive on Jan 13 1929 and that death occurred, on the date stated above, at 1250 P.M.

The CAUSE OF DEATH* was as follows:

General Paralysis (of the insane)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unk.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Serology Path

(Signed) Thos. J. Dorsett M. D.

1/13/29 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Jan 17, 1929

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 3224 Schroeder St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41682

E 41682

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 682 N. Montgomery St. St. 22-30 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hutt. (C)

(a) RESIDENCE NO. 682 N. Montgomery St, St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 28 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 15, 1884.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER John Hutt. (C)

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Weeks. (C)

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Henrietta Hutt. (C) mother.

(Address) 682 N. Montgomery St.

Filed JAN 16 1929, 19... C. Wm. F. Jones

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
(Coroner)

1/13 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Jan. 16, 1929

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 3221 Schroeder St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41683 — E 41683

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Robert B. Sachs

(a) RESIDENCE NO. 1918 E. Baltimore ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne E. Sachs

6 DATE OF BIRTH (month, day, and year) March 17, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sabina Klees

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Conrad Sachs Jr. (Son)
(Address) 1918 E. Baltimore St. City

15 Filed NOV 16 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 1929

17

I HEREBY CERTIFY, That I attended deceased from January 13, 1929, to January 15, 1929, that I last saw him alive on January 15, 1929 and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis; Pulmonary Emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Simon N. Hamburger M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 18 1929

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St & Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41684

REGISTERED NO. 202 E 41684

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 611 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Ashley.

(a) RESIDENCE NO. 142 N. Linwood Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed or divorced, HUSBAND of XXXXXXXXX M. Grace Ashley.

6 DATE OF BIRTH (month, day, and year) February 27, 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendant

(b) General nature of Industry, business, or establishment in which employed (or employer) Eastern Box Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles C. Ashley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Andrews.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant M. Grace Ashley. (wife.)

(Address) 142 N. Linwood Ave.

15 Filed ..... 19 ..... By ..... Registrar

NOV 15 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 14, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the chest, caught under a falling pile of lumber.
Internal Hemorrhage, Accidental Death

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Leonhardt M. D.
(Coroner)

1/16, 1930 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? East Brooklyn, Jany. 14, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — Date of Burial Jan. 17, 19

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS Baltimore St & Broadway

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

4514 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41685

CERTIFICATE OF DEATH

9 E 41685

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 S. Clinton ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva George Erdman

(a) RESIDENCE NO. 1317 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6 DATE OF BIRTH (month, day, and year) Oct 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Julius Erdman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) German Poland

12 MAIDEN NAME OF MOTHER Amelia Eder

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) German Poland

14 Informant Julius Erdman
(Address) 1317 S. Clinton St

15 Filed JAN 19 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928, to Jan 16, 1929,

that I last saw h[illegible] alive on Jan 16, 1929

and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Acute Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Myers J. Johnson M.D., M. D.

19 (Address) 1511 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan. 16 1929
20 UNDERTAKER Henry Sander & Sons Inc	ADDRESS Baltimore St & Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41686

CERTIFICATE OF DEATH

185

E 41686

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Hudson ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fredericka Brademeier

(a) RESIDENCE NO. 3029 Hudson St. ST., 1st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Brademeier deceased

6 DATE OF BIRTH (month, day, and year) Sept 15-1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) — (State or country) Germany

PARENTS

10 NAME OF FATHER Fred. Kalthoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lily Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lottie Sommers

(Address) 3027 Hudson St.

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 14, 1929, that I last saw h alive on Jan 14, 1929, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile age (duration) yrs. mos. 7 ds. (R)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) G H Mayer Jr, M. D.

1/14, 1929 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lawn Cemetery	Jan 17 1929

20 UNDERTAKER Louis Heeman ADDRESS 32 S Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 41687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 41687

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 746 W Lexington St., 4 WARD)

2-FULL NAME Lucia Rusch

(a) RESIDENCE NO. 746 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kar Rusch

6 DATE OF BIRTH (month, day, and year) Feb. 11 1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Germany

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant H. Eckenrode (Address) 746 W. Lexington St

15 Filed JAN 16 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 13. 1929. to Jan 14 1929.

that I last saw h[illegible] alive on Jan 14 1929.

and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* was as follows: Cerebral Haemorrhage

CONTRIBUTORY (Secondary) old age (duration) yrs. mos 2 ds.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis Hemmeter M. D.

1929 (Address) 300 E Barre St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetary	Jan 17 1929

20 UNDERTAKER Louis Hemann ADDRESS 30 S. Broadway

Spec.—1-12-23—M&T—500 Bks.

41688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Tunbridge Rd ST., 19-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Akehurst

(a) RESIDENCE No. 629 Tunbridge Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Mary J Akehurst

6 DATE OF BIRTH (month, day, and year) Aug 11-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Penn R.R. Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Akehurst.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary J. Akehurst (Address) 629 Tunbridge Rd

15 [illegible] Registrar

JAN 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928. to Jan 16 1929. that I last saw him alive on Jan. 16 1929. and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cortico-Sclerosis

(duration) over 5 yrs. mos 6 hours ds.

CONTRIBUTORY (Secondary) Hemiplegia (R)

(duration) yrs. mos. 6 hours ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haen, M. D.

1-16 1929 (Address) 5600 York Rd. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 18 1929
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-003

E 41689

CERTIFICATE OF DEATH.

E 41689

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 15-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard E. Douglas

(a) RESIDENCE NO. 1354 N. Fremont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20-28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1Ø	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. Douglas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Evelyn Bell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Charlottesville, Va.

14 Informant Mother

(Address) 1354 N. Fremont Ave

Filed ..... 19 ..... Registrar

By: .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said hi (Inquest, autopsy or inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery (Type undetermined)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner)

1/15/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 1-16 1929

20 UNDERTAKER David Taylor Co. ADDRESS 916

JAN 16 1929

very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41690

CERTIFICATE OF DEATH.

E 41690

REGISTERED NO. C 27-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Melrose Nr Bellona Ave St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Stanley Gorsuch

(Residence in Baltimore: No. Melrose Nr Bellona Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 17, 1847 (Month) (Day) (Year)

7-AGE, 81 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Thos. Ashbridge

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary Ashbridge

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin A. Gorsuch

(Address) Govans Md.

15- Filed JAN 16 1929, 191... C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15 1929, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 191..., to Jan 15 1929 191..., that I saw her alive on Jan 15 1929 191..., and that death occurred, on the date stated above, at 10 a.40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Kidney

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia 24 hours.

(Duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

1-16-29 191... (Address) 5400 Walbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. David Ridge Cemetery

DATE OF BURIAL. Jan 17 191 29

20-UNDERTAKER Clarence C. Arthur

ADDRESS York Rd

Spec.—2-29-28—L. F. S.—500 Blks.

E 41691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41691

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 270 S. Robinson ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Celluzzi (Cellicia

(a) RESIDENCE NO. 270 S Robinson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francesco Celluzzi

6 DATE OF BIRTH (month, day, and year) Sept 29 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Andrew Cedrone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Luiga Leoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Daniel Celluzzi
(Address) 212 E Pratt St

15 Filed JAN 16 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 15, 1929, that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Scognetti, M. D.

, 19 (Address) 244 S Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 17, 19 29
20 UNDERTAKER	ADDRESS
Frank V. Spitore	[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 41692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160

E 41692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Pennsylvania ave (4-20) (WARD)

2-FULL NAME Baby Boy Johnson

(a) RESIDENCE NO. 1414 Pennsylvania ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 '29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER David Boon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet Johnson

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant
(Address)

15 Filed 1929 C. HAMPSON JONES, M.D. Registrar

3140

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 15, 1929, that I last saw h alive on Jan 13, 1929, and that death occurred, on the date stated above, at 2 A.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lent T. Rodgers M. D.

1/15, 1929 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 16 1929

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41693

CERTIFICATE OF DEATH.

161-99

E 41693

1-PLACE OF DEATH

City of BALTIMORE, found in 3ft alley E. of St. 17-24 (Ward)

2-FULL NAME unknown 624 N. Laurel St. Colored Male.

(a) RESIDENCE NO. unknown St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 14 1924

7 AGE: Years — Months — Days: one — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Police Record

(Address) N. W. Dist

Filed 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematuro Birth

(duration) ..... yrs. ..... mos. one ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Luck M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Very important. See instructions on back of certificate.

16 1925 C 3142 Reg. No. 3142

Cor.—12-9-25—A Co.—200 Bks.

E 41694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 41694

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 ~~Hood~~ Nursery St. 15 Ward)

2-FULL NAME H H Smith

(a) RESIDENCE NO. 1614 Nursery St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer) O T

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

3146 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Jan 16 (Signed) H H Smith M. D.

, 19 29 (Coroner)

(Address) 1614 Nursery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

JOHNS HOPKINS HOSPITAL 19

20 UNDERTAKER

Commissioner Health. ADDRESS

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 41695

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 41695

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 N. Hugh St. 5-8 Ward)

2-FULL NAME Delma Seadon

(a) RESIDENCE NO. 107 N. Hugh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: ~~White~~ Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 | Months about | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant

(Address)

15 Filed ..... day 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cat. Ulc. Heart

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) ___ M. D.

(Coroner)

Jan 16 19 29 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or ~~Recent~~ Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

very important. See instructions on back of certificate.

3147

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41696 — CERTIFICATE OF DEATH — E 41696

90

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. 428 ST.) (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Phillip McClellan

(a) RESIDENCE NO. 729 W. Balto ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

3a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed ..... 19 ..... C. [redacted] JONES Registrar
3148

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-29

17 I HEREBY CERTIFY, That I attended deceased from 6-9, 1926, to 1-13, 1929, that I last saw him alive on 1-13, 1929, and that death occurred, on the date stated above, at 12 40 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis; arteriosclerosis
Emphysema (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. J. Hicks, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 1-28-29, 19

20 UNDERTAKER — ADDRESS

Natural Cause [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41697 ✓ E 41697

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH Bells City Hosps

CITY OF BALTIMORE: (No. Bells City Hosps ST. K-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Jenkins

(a) RESIDENCE NO. 1047 Pine Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 87

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bells City Hosps

(Address) Baltimore, Md.

15 Filed 1929 3149 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 12 — 29

17

I HEREBY CERTIFY, That I attended deceased from 3-23-, 19 27 to 1-12, 19 29

that I last saw h[illegible] alive on 1-12, 19 29

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological Clinical

(Signed) Norris F. Simpkins M. D.

, 19 (Address) 10 Church St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

JAN 16 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41698

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 609 Claymont St. ST. 16-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Banjamin F.Martin,

(a) RESIDENCE NO. 609 Claymont ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

a If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or ~~WIFE of~~) Bertha A.Martin,

6 DATE OF BIRTH (month, day, and year) February 9.1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Paul Martin,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Pauline Rouse,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. F Corinne Krumbholtz

(Address) 609 Claymont St

15 Filed 16 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1927 to Jan 15 1929.

that I last saw him alive on Jan 14 1929

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis - Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. L. Wesig, M. D.

19 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 41699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 188-103

E 41699

1-PLACE OF DEATH

City of BALTIMORE: (No. Cor Monroe & Mulberry St., 20 27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J. McClellan

(a) RESIDENCE NO. 78 W. 82nd St. N. York St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) June 19, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Conn.

PARENTS.

10 NAME OF FATHER Wm J. McClellan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Conn.

12 MAIDEN NAME OF MOTHER Elyse Horst

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Conn

14 Informant Philipp LeFontaine

(Address) P. R. R.

15 Filed Clarkson Jones, M. D.

1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Myocarditis Following Injury. Accident at Monroe & Mulberry Sts. & Shock. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas F. Wagner M. D.

(Coroner) 1/16. 1929 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N. Y. Date of Burial 1/16 1929

20 UNDERTAKER Jas. H. Little ADDRESS 27 Edmondson Ave

Very Important. See instructions on back of certificate.

Spec.—1-12.23—M&T—500 Bks.

E 41700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41700

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Murphy

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen C. Bruin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor (Address) Preston + Valley

15 Filed Jan 16 1929, 19 Dar Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1928, 19 , to Jan 15, 19 29.

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. R. Manner, M. D.

Jan 17, 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem.

DATE OF BURIAL 1/17 1929

20 UNDERTAKER C. Vernon Lemmon

ADDRESS 501 E. 25th

Spec.—1-12-23—M&T—500 Bks.

E 41701 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41701

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 E. Eager ST. 10-15 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Krall

(a) RESIDENCE NO. 426 E. Eager ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Krall

6 DATE OF BIRTH (month, day, and year) March 16, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Bitters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. John A Krall (Husband) (Address) 426 E Eager St

Filed 1/16 1929, 19 Balto. Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 15, 1929,

that I last saw her alive on Jan 14, 1929,

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy (Double Stroke)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 426 E Eager

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H Burton, M. D.

1/16, 1929 (Address) 706 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 16 1929
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	724 E Eager St

...c.—2-29-28—L. F. S.—500 Bks.

E 41702 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41702

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

REGISTERED NO. 8-17

CITY OF BALTIMORE: (No.) 1540 N. Broadway (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Alexander W. Macdonald

(a) RESIDENCE NO. 1540 N. Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan M. Macdonald

6 DATE OF BIRTH (month, day, and year): May 23/1865

7 AGE: Years 63 | Months 7 | Days 22 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doctor.

(b) General nature of industry, business, or establishment in which employed (or employer): Home - 054

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Cap Buton. Canada.

10 NAME OF FATHER: John Guy Macdonald.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland.

12 MAIDEN NAME OF MOTHER: Mary Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs. Susan M. Macdonald

(Address) 1540 N. Broadway

15 Filed JAN 16 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 9. 1929. to Jan 15. 1929.

that I last saw him alive on Jan 15. 1929

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart failure Edema of lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. G. Davis, M. D.

. 19 (Address) 1509 N Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 18 1929

20 UNDERTAKER: Geo. F. Rudolph

ADDRESS: 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 V

E 41703

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 5302 Harford Rd. 1-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Perkins

(a) RESIDENCE NO. 5302 Harford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ellen C. Perkins

6 DATE OF BIRTH (month, day, and year): March 15 57

7 AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

10 NAME OF FATHER: Robert L. Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

PARENTS

14 Informant: Ellen C. Perkins

(Address) 5302 Harford Road

15 Filed JAN 16 1929 19

C. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 14, 1929, that I last saw him alive on Jan 14, 1929, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

I (Signed) Clarence Jones, M. D.

1/15/29 (Address) 756 Hampden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Jan 17 1929

20 UNDERTAKER: Geo. L. Butler — ADDRESS: 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41704 101-001 **E 41704**

CERTIFICATE OF DEATH

REGISTERED NO. 27-43

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Woodring Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harold Edward Anthony

(a) RESIDENCE NO. 2901 Woodring Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer Snowman Elec Co

9 BIRTHPLACE (city or town) (State or country) New York State

PARENTS

10 NAME OF FATHER Harry H Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Harry H Anthony

(Address) 2901 Woodring Ave

15 Filed [illegible] 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Jan 15, 1929, that I last saw him alive on Jan 15, 1929 and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C M Lowe, M. D.

19 (Address) 6605 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethlehem Cemetery	Jan. 18 1929

20 UNDERTAKER ADDRESS

Geo. L. Ruth 735 Harford

Spec.—1-10-21—M&T—1500 Bks.

E 41705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41705

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. ST. 3-4 WARD)

2-FULL NAME William Fraschla

(a) RESIDENCE No. 1630 Bank St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS "City of Annapolis"

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Fraschla

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sylvia Auch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Filed 1/16 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1929

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to January 16, 1929, that I last saw h im alive on January 16, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, cerebral & hemiplegia, left

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) 8 hrs.

18 Where was disease contracted if not at place of death? on board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) H. G. Foster, M. D.

1/16, 1929 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carmel Cemetery — DATE OF BURIAL Jan 19 1929

20 UNDERTAKER L. T. L. Ruth — ADDRESS 1757 Eutaw

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 41706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41706

CERTIFICATE OF DEATH. X 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. 9-17 WARD)

2-FULL NAME William Edward Bowen

(a) RESIDENCE NO. St Josephs Hosp ST., Newport News Va WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Emma Bowen

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 56 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Kitchen Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant (Address): Herb

15 Filed ... 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 1929 to Jan. 16 1929, that I last saw h alive on Jan 16 1929, and that death occurred, on the date stated above, at 7:15 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Hundley M. D.

St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hollywood Mem Pk DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: Jack Lewis ADDRESS 1439 Eutaw St

FOR information concerning this form see reverse side.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41707 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-09 **E 41707**

CERTIFICATE OF DEATH

REGISTERED NO. 27-43

1—PLACE OF DEATH Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33d & Calvert ST. WARD)

2—FULL NAME John Brattan

(a) RESIDENCE NO. 3317 Chesley Ave ST. Hamilton Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	5	30 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Roland Brattan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alma Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mother (Address)

15 Filed ....., 19 .... Registrar

JAN 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 . 1929 . to Jan 15 . 1929 . that I last saw h me alive on Jan. 13 . 1929 and that death occurred, on the date stated above, at 9 22 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (R)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Walter Stewart Dolley, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 17 1929

*20 UNDERTAKER Frederick Lassahn Sons ADDRESS Fredericktown

Spec.—2-29-28—L. F. S.—500 Blks.

E 41708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 41708

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 246 S Castel ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Gostomski

(a) RESIDENCE NO. 246 S Castel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Gostomski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vincent Gostomski

(Address) 246 S Castel St.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 14, 1929

that I last saw him alive on Jan 14, 1929

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo Steller, M. D.

1-16, 1929 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Jan 17 1929

20 UNDERTAKER ADDRESS

John M Weber 704 S Chester

Spec.—1-10-21—M&T—1500 Bks.

E 41709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41709

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Fait Ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agness Jezierski

(a) RESIDENCE No. 2604 Fait ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE~~: Alexander

6 DATE OF BIRTH (month, day, and year): April 21 1877

7 AGE: Years 31 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work 37

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Walter Chmiel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Alex Jezierski

(Address): 2604 Fait ave

15 Filed JAN 16 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1929

17 I HEREBY CERTIFY, That I attended deceased from April 1 1928 to Jan 15 1929

that I last saw her alive on Jan 15 1929

and that death occurred, on the date stated above, at 10.40 A m.

The CAUSE OF DEATH* was as follows:

Influenza, mitral insufficiency.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin data

(Signed) Leo Fellenger, M. D.

, 19 (Address) 303 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: Jan 18 1929

20 UNDERTAKER: F. Jezierski

ADDRESS: 153 Eastern ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41710

CERTIFICATE OF DEATH

31 E 41710

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1917 E. North ave ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James E. Stevenson

(a) RESIDENCE NO. 1917 E. North ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie E. Stevenson

6 DATE OF BIRTH (month, day, and year) Sept. 19-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	8 3	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 078

(b) General nature of industry, business, or establishment in which employed (or employer) Car House

(c) Name of employer United Railway

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Robt. Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Margaret Forney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bessie E. Stevenson

(Address) 1917 E. North ave

15 Filed JAN 16 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15-1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Jan 15, 1929, that I last saw him alive on Jan 15, 1929 and that death occurred, on the date stated above, at 5.25 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal T.B. Phthisis Pulmonalis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonalis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1917 E North av

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) R. O. Carman, M. D.

1-16-1929 (Address) 1202 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn cemetery	Jan 19 1929
20 UNDERTAKER	ADDRESS
George W. Zinkan	1737 E. Eager st

Spec.—1-10-21—M&T—1500 Bks.

E 41711 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41711

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 E. Layfayette Ave. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward R. Myers

(a) RESIDENCE NO. 1810 E. Layfayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Myers

6 DATE OF BIRTH (month, day, and year) October 17, 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
52	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Margaret Myers

(Address) 1810 E Lafayette Ave

Filed 6 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 14, 1929, that I last saw him alive on Jan 13, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Occlusion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Angina Pectoris. Chronic Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Russell, M. D.

1/15, 1929 (Address) 1814 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill, Towson

DATE OF BURIAL Jan 17, 1929

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 125 E. Northern

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41712

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 Homeland Ave St. 27-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Brown

(a) RESIDENCE NO. 415 Homeland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Brown

6 DATE OF BIRTH (month, day, and year) 6/26/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Thos Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland-

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs James Brown

(Address) 415 Homeland Ave

15 Filed JAN 17 1929 C. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained at said Inquest, autopsy or inquiry find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Mollenberg M. D. (Coroner)

1/15 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Mary's Garrison	1/17 1929

20 UNDERTAKER	ADDRESS
F. F. Fahey & Sons	1318 Light

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41713

CERTIFICATE OF DEATH

90 ✓

REGISTERED NO. **E 41713**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 27-48 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary T. Fleischman.

(a) RESIDENCE NO. # 802 Cedarcroft Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow.

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Aloysius Fleischman

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58.	5.	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Michael Ernstberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Zuppenard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Mary E. Gina

(Address) 62 Baldwin Rd.

15 Filed JAN 17 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan. 14, 1929, that I last saw h e alive on Jan. 14, 1929, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Acute)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 230 W Lombard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leo Gutman, M. D.

1/15/1929 (Address) 517 Lord

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 17th 1929
20 UNDERTAKER John J Cowan & Son	ADDRESS 901 Hollins St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41714 — 31 — E 41714

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 So Paca St ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Lewis.

(a) RESIDENCE NO. 1121 So Paca St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Lewis

6 DATE OF BIRTH (month, day, and year) Sept 23rd 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8.	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Adam. Silverson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Peters.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore.

14 Informant Mr John W. Lewes
(Address) 1121 So Paca St

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1928, to Jan 14 1929
that I last saw h alive on Jan 14 1929
and that death occurred, on the date stated above, at 2.08 P. m.,
The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 17th 1929
20 UNDERTAKER John J Cowan & Son	ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

22145 E 41715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 41715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 WARD)

2-FULL NAME Lida Richardson

(a) RESIDENCE NO. 11 N. Caste ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/13/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Wm Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Lilly Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Parents —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1929. to Jan 14 1929.

that I last saw her alive on Jan 14 1929.

and that death occurred, on the date stated above, at 9 35 a. m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Otitis media

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James A Miller M. D.

(Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cemetery DATE OF BURIAL Jan 17 1929

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St.

Spec.—1-12-23—M&T—500 Bks.

E 41716 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41716

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Jones

(a) RESIDENCE No. 3 N. Spring st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 Filed N 17 1929 C. H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1929, to Jan. 14, 1929, that I last saw her alive on Jan. 14, 1929 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Perforated cecal ulcer, non-malignant 114

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Retroperitoneal abscess

Empyema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-14-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Jan 18 1929

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Carey St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41717

CERTIFICATE OF DEATH. 185

E 41717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute St. Joseph Hospital 14-20 Ward)

2-FULL NAME James Corbin

(a) RESIDENCE NO. 1512 Druid Hill Ave st. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Corbin

6 DATE OF BIRTH (month, day, and year) Dec 25/1870

7 AGE	Years	Months	Days 20	IF LESS than 1 day ....hrs. or ....min.
	58	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lancaster Co. Va.

PARENTS

10 NAME OF FATHER William corbin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Clayton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Wife

(Address) 1512 Druid Ave

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) did that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Hemorrhage

Accidently fell from scaffold at Harford & Batavia Aves.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Va — Date of Burial Jan 17 1929

20 UNDERTAKER S. W. Brown & Son — ADDRESS

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital 15 58 WARD

REGISTERED NO. E 41718

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Laby

(a) RESIDENCE NO. 3011 Wylie Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Levy

6 DATE OF BIRTH (month, day, and year) 1869 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer) 052

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joel Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Dora Levy

(Address) 3011 Wylie Ave

15 Filed JAN 17 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 16, 1929

that I last saw him alive on Jan 16, 1929

and that death occurred, on the date stated above, 6.35 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clin. Exam.

What test confirmed diagnosis?

(Signed) Jack Singer M. D.

1/17, 1929 (Address) W. Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hurst Court Germantown DATE OF BURIAL 1/17 1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

E 41719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41719

1-PLACE OF DEATH West Baltimore 1/4 1966 10-98

CITY OF BALTIMORE: (No. 6 ST.; 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Bessie Berman

(a) RESIDENCE No. 2005 Fairmount ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 25 1910

7 AGE: Years 18 | Months 1 | Days 21 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk, Va.

PARENTS

10 NAME OF FATHER Jon Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va.

12 MAIDEN NAME OF MOTHER Fannie Koshelosky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs Fanny Berman

(Address) 2005 E. Fairmount Ave

15 Filed JAN 17 1929 [illegible] Registrar

Pat [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1929, to Jan. 16, 1929, that I last saw her alive on Jan. 16, 1929 and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Left

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 3 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer M. D.

1/16 1929 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-981 E 41720

1—PLACE OF DEATH
E 41720
CITY OF BALTIMORE: (No. 1600 Kavanagh Blvd. 7 WARD) Belair Rd.

REGISTERED NO. 227-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Virginia Lawrence

(a) RESIDENCE No. White Haven ST.,
(Usual place of abode)

WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank D Lawrence

6 DATE OF BIRTH (month, day, and year): Feb 14 1844

7 AGE

Years	Months	Days	If LESS than day, hrs. or min.
84	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balt md

PARENTS

10 NAME OF FATHER: Daniel McCabe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dublin Ireland

12 MAIDEN NAME OF MOTHER: Maria Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Vermouth

14 Informant: Frank D Lawrence
(Address): 2449 W Calvert

15 Filed JAN 17 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jany 15, 1929, that I last saw h[illegible] alive on Jany 15, 1929 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Myocarditis Arteriosclerosis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms Sugar Blood etc

(Signed) M McGuirk, M. D.

1/16 1929 (Address) 2829 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan 17 1929

20 UNDERTAKER: [illegible] J. Pearre Hess — ADDRESS: Towson Md

Spec.—1-12-23—M&T—500 Blks.

E 41721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41721

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6304 W Conway ST. 22-30 WARD)

2-FULL NAME Mary Ogle

(a) RESIDENCE NO. 630 W Conway ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Ogle

6 DATE OF BIRTH (month, day, and year) Jan 10, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie Boone
(Address) Elkton Md

15 Filed JAN 17 1929 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 20 1928 to Jan 14 1929, that I last saw her alive on Jan 12 1929, and that death occurred, on the date stated above, at 9,45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Raymond T Harris, M. D.

Jan 16 1929 (Address) Parkton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	January 17 1929

20 UNDERTAKER ADDRESS

Joseph A Lively 4092 Mont st

Cor.—12-9-25—A Co.—200 Bks.

E 41722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 41722

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1038 Vine St. 18th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Brown

(a) RESIDENCE NO. 1038 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW

(b) General nature of industry, business, or establishment in which employed (or employer) OP

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Stella Brown

(Address) 1036 Vine St

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Chas. O'Brooke M. D.

(Coroner) Sw Fin

1/15-1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1/14 1929

20 UNDERTAKER H. Jones ADDRESS 111 S Gilmor

THE MORGUE

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

22 E 41723

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 41723

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-19 WARD)

2-FULL NAME David Long

(a) RESIDENCE NO. 617 Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-13-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Silas Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 7 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 16 1929 that I last saw h alive on Jan 16 1929 and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

bronchopneumonia - primary

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? yes

(Signed) Goodwin M. D.

1/4, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Royal Oak Md — DATE OF BURIAL 1/17 1929

20 UNDERTAKER Samuel Hensley — ADDRESS Fork Eddie

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41724

CERTIFICATE OF DEATH.

E 41724

101-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Shields ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celenia A. Boyer

(a) RESIDENCE No. 907 Shields ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	31	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jas. Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosie Hodge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rosie Boyer

(Address) 907 Shields Place

15 Filed JAN 7 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14 1929

17

I HEREBY CERTIFY, That I attended deceased from Jany 10, 1929, to Jany 14, 1929.

that I last saw him alive on Jany 13, 1929

and that death occurred, on the date stated above, at 5-10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Paquet M. D.

1/16, 1929 (Address) 1076 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	1/17 1929

20 UNDERTAKER Samuel Bensley ADDRESS W. Balto

THIS is very important. See instructions on back of certificates.

Cor.—12-9-25—/ Co.—200 Bks.

E 41725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Lilly Hospital 1-24 Ward)

REGISTERED NO. 188-103 E 41725

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Dorsey

(a) RESIDENCE NO 1327 Brunt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Easterville Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Edith Grinnell

(Address) 1327 Brunt St

Filed JAN 17 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremic Coma

Multiple Fractures

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

Jaw

(Duration) yrs. mos. ds.

1-13-29 (Signed) H. C. Coates M. D.

, 19 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1/17 1929

20 UNDERTAKER Samuel T Kemp ADDRESS 57 E Biddle

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41726

CERTIFICATE OF DEATH

E 41726

1—PLACE OF DEATH

REGISTERED NO. 1473

CITY OF BALTIMORE: (No.) 1202 (ST.) Argyle (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Coates

(a) RESIDENCE NO. 1202 (ST.) Argyle Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac S Coates

6 DATE OF BIRTH (month, day, and year): July 23 1903

7 AGE: Years 25 | Months 5 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Isaac S Coates

(Address) 1202 Argyle Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 14 1929

that I last saw h.. alive on Jan 14 1929

and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E Stewart M. D.

19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/17 19 29
20 UNDERTAKER	ADDRESS
Emmett L Wemley	1132 Mc Cabe

Spec.—1-12-23—M&T—500 Bks.

E 41727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 41727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E. Fayette ST. 5-8 WARD)

2-FULL NAME Otellia Coy

(a) RESIDENCE No. 1414 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willis Coy

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Va.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Willis Coy

(Address) 1414 Fayette

15 Filed JAN 17 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14- 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-20- 1928, to 1-14- 1929, that I last saw her alive on 1-10- 1929 and that death occurred, on the date stated above, at 430 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis unknown (duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. H. Burgin M. D.

1-15- 1929 (Address) 611 N. Dawson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Jan. 18 1929

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Blks.

E 41728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 ✓

E 41728

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Fait Ave. ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M. Fisher

(a) RESIDENCE NO. 3803 Fait Ave. ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Fisher

6 DATE OF BIRTH (month, day, and year) Sept. 13th 1884

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
44	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Taddeus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catherine Zarbo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John G. Fisher (Husband)

(Address) 3803 Fait Ave.

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14th/29

17 I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1928, to Jan 14th (1929), that I last saw h.er alive on Jan 14th (1929), and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma
(Secondary)

(duration) yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 1923

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Caleb V. Bitting, M. D.

Jan 16, 1929 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery.	Jan. 18th 1929.
20 UNDERTAKER Lilley & Zeiler Inc.	ADDRESS 403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41729

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital St. No-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie Lunford Stevenson

(a) RESIDENCE NO. 735 Conkling ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Joseph Stevenson

6 DATE OF BIRTH (month, day, and year) Sept 12, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Ginty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Hourly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Kathleen Schneider

(Address) 735 Conkling St.

15 [illegible] Registrar

JAN 17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929 to Jan 15, 1929 that I last saw h.er alive on Jan 15, 1929 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Gangrenous cellulites of left leg and of back

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis & chronic interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 735 Conkling St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Clinical findings

(Signed) Addison Craft Kirby, M. D.

1-15, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan 19th 1929
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41730

CERTIFICATE OF DEATH

E 41730

1-PLACE OF DEATH

City of Baltimore: (No.) En routr to University Hospital

REGISTERED NO. 1637

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E. Phelps

(a) RESIDENCE NO. 3700 E. Pratt St., 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret T. Phelps

6 DATE OF BIRTH (month, day, and year) July 19-1897

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	31	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Br C. R. R.

9 BIRTHPLACE (city or town)
(State or country) Savage, Md

PARENTS

10 NAME OF FATHER Benjamin Phelps

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Lenna Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Margaret T. Phelps (Wife)
(Address) 3700 E. Pratt St

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

1/16. 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Southern Church Cemetery Savage Md.	Jan. 18th 1929
20 UNDERTAKER	ADDRESS
Lilly & Zeller Inc.	403 S. Wolfe St.

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Trusty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41731

101-001

CERTIFICATE OF DEATH

REGISTERED D. 41731

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 E Thompson ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ella Trusty

(a) RESIDENCE NO. (Usual place of abode) 1107 E. Thompson ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
F	C	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Trusty

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant Mildred Trusty

(Address) 3095 Lanvale St

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928 to Jan 15, 1929.

that last saw he alive on January 15, 1929

and that death occurred, on the date stated above at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

1-16, 1929 (Address) 508 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	1-18 1929

20 UNDERTAKER Byron Wright ADDRESS 1218 W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 41732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 523 N Central Ave ST.) 5-8 WARD)

2-FULL NAME Emily E Hamid

(a) RESIDENCE NO. 523 N Centralave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced (or) WIFE of Francis Hamid

6 DATE OF BIRTH (month, day, and year) about 1877

7 AGE Years 51 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Moses Rungold Md

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliza Schonow

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant James Harris (husband) (Address) 523 N Central Ave

15 Filed JAN 17 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1928, to Jan 15, 1929.

that I last saw h[illegible] alive on Jan 15, 1929

and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Lyburg, M. D.

1/15, 1929 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cem.

DATE OF BURIAL 1-18 1929

20 UNDERTAKER Byron Wright 1218 Mc Elderry St

ADDRESS

FILL IN ALL BLANKS. If unknown, say so. Do not leave any blank. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41733

CERTIFICATE OF DEATH.

E 41733

1-PLACE OF DEATH

City of BALTIMORE: (No. 1530 Boyle 24 34 Ward)

Registered No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Vogelgesang

(a) Residence No. 1530 Boyle St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of none

6-DATE OF BIRTH (month, day and year) April 30 [illegible]

7-AGE. yrs. 8 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles E Vogelgesang

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Anna Hemling

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Chas. E Vogelgesang

(Address) 1530 Boyle St

15- JAN 17 1929 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-15-29

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Jan 15 1929

that I last saw him alive on Jan 12 1929

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ed Blanchard M. D.

16 1/29 (Address) 1 E Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 1-17 1929

20-UNDERTAKER: E T B Hale — ADDRESS 115 E West St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41734

44 E 41734

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 1 W. Franklin ST., 11-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John B. Hendenhall

(a) RESIDENCE NO. 1 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carl Hendenhall

6 DATE OF BIRTH (month, day, and year): Oct 5th 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Metals - zinc alloys

(c) Name of employer: American Brass Products Co

9 BIRTHPLACE (city or town) (State or country): Not Known Va

PARENTS

10 NAME OF FATHER: John B. Hendenhall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known Va

12 MAIDEN NAME OF MOTHER: Sarah Rolle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known Va

14 Informant: Carl Hendenhall

(Address): 1 W. Franklin St.

Filed JAN 17 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15/29

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Jan 15, 1929, that I last saw him alive on Jan 15 1929 and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma - Pharynx

(duration) yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) general Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic.

(Signed) W. W. Rogers

1/15/1929 (Address) 6014 S. Edmondson Ave. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dunn Ridgebeen

DATE OF BURIAL: Jan 17 1929

20 UNDERTAKER: W M Routson

ADDRESS: 223 N Howard St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41735

CERTIFICATE OF DEATH

1929 E 41735

1—PLACE OF DEATH

REGISTERED NO. 1562

CITY OF BALTIMORE: (No. 3410 Copley Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Virginia Bordley

(a) RESIDENCE NO. 3410 Copley Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert G Bordley

6 DATE OF BIRTH (month, day, and year) [illegible] Oct 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Groff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Madeline Eberly

(Address) 3410 Copley Rd

15 Filed JAN 17 1929, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 29

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Jan 16, 1929

that I last saw h[illegible] alive on Jan 16, 1929

and that death occurred, on the date stated above, at 3 A, m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 6 yrs. 6 mos. 16 ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Heat + Urea Test

(Signed) Louis Ebaugh, M. D.

(Address) 700 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Jan 19 1929
20 UNDERTAKER	ADDRESS
W M Routson	2238 N Wolfe

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41736

CERTIFICATE OF DEATH

90 E 41736

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Blair Road S.E. 8-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Johnston

(a) RESIDENCE NO. 3217 Blair Road

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John J. Johnston

6 DATE OF BIRTH (month, day, and year): Nov 21 1850

7 AGE: Years 78 | Months 1 | Days 26, | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Sweden.

PARENTS

10 NAME OF FATHER: M. Nilson Olson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Christine Trinkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden.

14 Informant: Emma Persson.

(Address) 3217 Blair Road

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan. 17, 1929.

that I last saw her alive on Jan. 15, 1929

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myo-Carditis

(duration) Not definite yrs. mos.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

1/17, 1929 (Address) 1216 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 21 1929

20 UNDERTAKER: George L. Ruth

ADDRESS: 1735 Harford Av

Spec.—1-10-21—M&T—1500 Bks.

Calley,

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41737

CERTIFICATE OF DEATH.

101-001

E 41737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital-40 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Miss M. Calley

(a) RESIDENCE No. 1828 Lindendale, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant (Aunt) Margaret Mc Cormack.

(Address) 1828 Lindendale Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 16, 1929, that I last saw h e alive on Jan 16, 1929, and that death occurred, on the date stated above, at 1 20 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
Myocardeal insufficiency
Bronchio-pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Ericson, M. D.

, 19 (Address) St. Agnes Hosp Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL 1/18 29

20 UNDERTAKER Rita Woodyard ADDRESS 914 Fremont.

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

41738

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓ E 41738

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave., 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Tierney

(a) RESIDENCE NO. 6833 W. Lexington St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE 78 Years Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Patrick Tierney

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Butler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant (Address) Jenkins Memorial Hospital 1000 Caton Avenue

15 Filed ..... 19 ..... Registrar

JAN 17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 15 1929.

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1928, to 1-15, 1929.

that I last saw her alive on 1-14, 1929.

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,
Arteriosclerosis, Hypertension
Arthritis Osteoma Chronic
Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

Date of Burial 1/18/29

20 UNDERTAKER [illegible] Funeral Directors

ADDRESS [illegible] Fayette

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-103

E 41739

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1247 N. Broadway ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Irving

(a) RESIDENCE NO. 1247 N. Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Catherine Irving

6 DATE OF BIRTH (month, day, and year) Nov 22 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	65	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Post-Office

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Irving

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Mary E. Rowe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Catherine Irving (Address) 1247 N. Broadway

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 16-29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1928 to Jany 16, 1929 that I last saw h.. alive on Jany 15, 1929 and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
Arteriosclerosis
Hypertension -

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) George Elmer Bowden M. D.

1 16, 1929 (Address) 1517 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 19 1929

20 UNDERTAKER J. Henry Lutz

ADDRESS 1203 N Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

E 41740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41740

1—PLACE OF DEATH

REGISTERED NO. 27-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3501 Gibbons ave ST., WARD)

2—FULL NAME John T. Slocum

(a) RESIDENCE NO. 3501 Gibbons ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Slocum

6 DATE OF BIRTH (month, day, and year) Feb 12/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Stephen Slocum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Jane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Emma L. Slocum

(Address) 3501 Gibbons ave

15 JAN 17 1929 H. Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10-29 to Jan 16 1929

that I last saw him alive on Jan 15 29, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

I Hypostatis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nour.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H Furrman, M. D.

Jan 17 1929 (Address) 1913 6 Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Mem

DATE OF BURIAL Jan 19 1929

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41741

CERTIFICATE OF DEATH.

90 E 41741

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2539 Madison ave St. 13-59 Ward)

2-FULL NAME Solomon A. Proctor

(a) RESIDENCE NO. 2539 Madison ave St. 13 Ward .....

(Usual place of abode) Left

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Proctor

6 DATE OF BIRTH (month, day, and year) Oct 21—1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

PARENTS

9 BIRTHPLACE (city or town) .....

(State or country) Md

10 NAME OF FATHER A. Proctor

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Md

12 MAIDEN NAME OF MOTHER Gloria Brown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Md

14 Informant Frances Proctor

(Address) 2539 Madison ave

15 Filed JAN 7 1929, 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Disease of Heart (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emil Hoffman M. D.

(Coroner)

1/16 1929 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Jan 17 1929

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1123 Eastlund ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41742

CERTIFICATE OF DEATH

E 41742

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Lyola Northway ST. 15-68 WARD)

REGISTERED NO. 315

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Freida London

(a) RESIDENCE NO. 2601 Lyola Northway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? 8 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
20	19	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham London

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham London

(Address) 2601 Lyola Northway

15 Filed Jan 17 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/29

17

I HEREBY CERTIFY, that I attended deceased from [illegible], 19[illegible], to Jan 16, 19 29

that I last saw a ~~he~~ alive on Jan 16. 29, 19

and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary and laryngeal Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal stenosis. (duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of Death? Baltimore.

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive Sputum

(Signed) Joseph Krenitz, M. D.

, 19 (Address) 190 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Jan 17 19 29

20 UNDERTAKER Jack Levin — ADDRESS 1434 E Baltimore

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41743

CERTIFICATE OF DEATH

101-001

E 41743

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital 16-22 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Rooney

(a) RESIDENCE NO. 1012 N Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 12 1857

7 AGE: Years 71 Months 8 Days 4 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Rooney

11 BIRTHPLACE OF FATHER (City or town):

(State or country): md

12 MAIDEN NAME OF MOTHER: Rose A Davis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Elisabeth A Frey

(Address) 1012 N Fulton Ave

Filed JAN 17 1929 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/29

17 I HEREBY CERTIFY, That I attended deceased from 1/12/29 to 1/16/29

that I last saw her alive on 1/16/29

and that death occurred, on the date stated above, at 4 52 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J S Winstead M. D.

(Address) mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 19 1929

20 UNDERTAKER: Charlott Keener — ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 41744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41744

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2017 Frederick Road St., 9-16-4 Ward)

2-FULL NAME William Busch

(a) RESIDENCE NO. 2017 Frederick Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie M. Busch

6 DATE OF BIRTH (month, day and year): May 5, 1863

7 AGE: Years 65; Months 8; Days 11; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Cigar Mfg

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John M. Busch

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ann Riggl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs. Carrie M. Busch

(Address): 2017 Frederick Ave.

15 Filed [illegible] 19[illegible] [illegible] Registrar

JAN 17 1929

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. O'Donnell M. D.

(Coroner)

1/16 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: Jan. 19 1929

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W. Baltimore St

very important. See instructions on back of certificate.

Spec. -7-17-26—A Co.—200 Bks.

E 41745

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002 E 41745

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1032 N. Bentalou St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katheryn Mildred Hermann

(a) RESIDENCE NO. 805 N. Bentalou St. ✓ Ward ✓

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Infancy~~ How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 28 - 1925

7 AGE Years 3 Months ~~3~~ 2 Days 18 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER William L. Hermann

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Clara Catherine Bruff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Clara C. Hermann

(Address) 805 N. Bentalou St

Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1929

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1929, to January 16, 1929.

that I last saw her alive on January 16, 1929.

and that death occurred, on the date stated above, at 10.34a m.

The CAUSE OF DEATH* was as follows:

Intestinal Grippe

(duration) ✓ yrs. ✓ mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis acute

(duration) ✓ yrs. ✓ mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) George C. Thurmond, M. D.

1/16 1929 (Address) 700 Tudor Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Park Cem

Date of Burial Jan 19 1929

20 UNDERTAKER P. P. Cook

ADDRESS 1003 N. Eut.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41746

REGISTERED NO. 31 E 41746

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 S. High St. ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rubin Crow

(a) RESIDENCE NO. 34 S. High St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Crow

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Crow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mucha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1432 E Balto St

15 Filed JAN 17 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929. to Jan. 16, 1929. that I last saw him alive on Jan. 16 1929 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Nathan W. Smith, M. D.

19 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lebrun Burying Room — DATE OF BURIAL 1/18 19

20 UNDERTAKER Jacob Levin — ADDRESS 1432 E Balto St

Spec.—1-10-21—M&T—1500 Bks. Florence E James ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41747 — **CERTIFICATE OF DEATH.** — 90 **E 41747**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 S Calvert St. ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence E James

(a) RESIDENCE NO. 137 S Calvert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. M. James

6 DATE OF BIRTH (month, day, and year) March 23, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Montreal
(State or country) Canada

PARENTS

10 NAME OF FATHER Wm Hays

11 BIRTHPLACE OF FATHER (city or town) Canada
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Canada
(State or country)

14 Informant Joseph A James
(Address) 137 S Calvert St

15 Filed JAN 7 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 1929

17 I HEREBY CERTIFY, That I attended deceased from January 15, 19 29, to January 15, 19 29.

that I last saw h... alive on January 15, 19 29.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

1/16, 19 (Address) 10 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Jan 18 1929

20 UNDERTAKER George L Schwab — ADDRESS 2501 Eutaw Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41748

E 41748

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3707 Bank ST. 26-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elza J. Launtz

(a) RESIDENCE NO. 3707 Bank ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Austin Launtz

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 85 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Johnstown Pa
(State or country)

10 NAME OF FATHER John T. Morris

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Susan Baker

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

PARENTS

14 Informant Mrs Chas D. Butler

(Address) 3707 Bank St

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 - 1929.

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1927 to July 16, 1929, that I last saw her alive on Jan 16, 1929 and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

CONTRIBUTORY (Secondary) Chronic Bronchitis (duration) 20 yrs mos. ds.

(duration) 7 yrs mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

1/17, 1929 (Address) 330 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Pa — DATE OF BURIAL: Jan 16 1929

20 UNDERTAKER: John Elliot — ADDRESS: Eileen

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41749 — 129 — E 41749

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 11 E. Barney St. ST. 23-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie C. Jenks

(a) RESIDENCE NO. 11 E. Barney St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. . How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Jenks

6 DATE OF BIRTH (month, day, and year) Nov. 15 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Walter M. Ormond

11 BIRTHPLACE OF FATHER (city or town) N. Y. (State or country)

12 MAIDEN NAME OF MOTHER Julia Dietrich

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country)

14 Informant Mr. Jenks

(Address) 11 E. Barney St

JAN 17 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Jan. 16, 1929

that I last saw her alive on Jan. 14, 1929

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia Coma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Crawford, M. D.

1/17, 1929 (Address) 1 E Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 1/18 1929

20 UNDERTAKER: J. Frew McCully

ADDRESS: 130 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

E 41750

221268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41750

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 79 WARD)

2-FULL NAME Henry K Kinlaw

(a) RESIDENCE No. St Paul, N.C. ST., ...WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 10-16-88

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	41	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Westley Kinlaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lucinda Adcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records

(Address)

15 Filed JAN 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 16, 1929, that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephrolithiasis, st. Pyelonephritis, Chronic (duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 1/14/29

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H C Smith M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul N C — DATE OF BURIAL 1/17/29

UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Bks.

E 41751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41751

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital ST. 9-16 WARD)

Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Gleason

(a) RESIDENCE NO. 1422 Harford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) June 16, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Gleason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bessie Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 1929 C. Clarkson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 19 29

17 I HEREBY CERTIFY, That I attended deceased from January 5 19 29 to January 16 19 29, that I last saw him alive on January 16 19 29, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory findings

(Signed) Houston J Foster M. D.

1/16 19 29 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL 1/19/29

20 UNDERTAKER Philip Henig ADDRESS 2016 Eutaw St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 41752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41752

CERTIFICATE OF DEATH.

4001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 6507 Baltimore Ave. (Ward) 26-36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan T. Perkins

(a) RESIDENCE. No. 6507 Baltimore Ave. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. B. Perkins

6 DATE OF BIRTH (month, day, and year) Oct 4, 1839.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore County (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Md.

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md

14 Informant Mrs. Wm. F. Perkins (Address) 6507 Baltimore Ave.

15 Filed JAN 7 1929 C. Hampson Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-29

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to June 16, 1927, that I last saw her alive on June 10, 1927, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage (apoplexy).

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Wm. Klein, M. D.

Jan 16, 1929 (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Jan 18 1929

20 UNDERTAKER Philip Henry ADDRESS 504 Cath

Spec.—2-29-28—L. F. S.—500 Blks.

E 41753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-091 E 41753

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Baker ST. 15-21 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charlotte Wilkes

(a) RESIDENCE NO. 713 Baker ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None (Child)

(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

PARENTS

10 NAME OF FATHER Wm Wilkes

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Grace Rice

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Wm J. Tyler
(Address) 713 Baker St

15 Filed Jan 17 1929, 19 C. HAMPSON JONES, M. D.
per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 16, 1929, that I last saw h[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 2 20 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Jan 18 1929

UNDERTAKER George I. Gelston ADDRESS 1335 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41754 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 41754**

CERTIFICATE OF DEATH

1—PLACE OF DEATH Home for Incurable / 90 REGISTERED NO.

CITY OF BALTIMORE: (No. 6-10 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Bernstein

(a) RESIDENCE NO. 2100 E. Balto ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of: widow

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 80 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed JAN 17 1929 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 7. 1929 to Jan 17. 1929 that I last saw h[illegible] alive on Jan 15 . 1929 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

. 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern	Jan 18 1929
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41755

101-00 E 41755

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 W Conway ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olive S Clough

(a) RESIDENCE NO. 133 W Conway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 20 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John M Clough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chestertown md

12 MAIDEN NAME OF MOTHER Phoebe Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartley Del

14 Informant Mrs Phoebe Clough

(Address) 133 W Conway St

Filed 1-17-1929 C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1929

17 I HEREBY CERTIFY, that I attended deceased from Jan 13, 1929, to Jan 14, 1929, that I last saw her alive on Jan 14, 1929 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What (est confirmed diagnosis? none

(Signed) Dan'l Brandau, M. D.

1/15, 1929 (Address) 122 E Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross (Anne Arundel Co.)	Jan 18 1929
20 UNDERTAKER John H. Denny	ADDRESS 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks. See Letter in file from Harry Goldsmith, dated 1-22-1929

E 41756 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41756

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto City Hosp REGISTERED NO.

CITY OF BALTIMORE? (No.) Balto Md ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Hayes

(a) RESIDENCE No. 2211 Lafayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Blk.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosp

(Address) Balto Md

15 Filed 1-17 1929 C. Marion Jones M.D. Registrar

21550 KH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-29

17 I HEREBY CERTIFY, That I attended deceased from 5-31- 19 28 to 1-12 19 29

that I last saw her alive on 1-12 19 29

and that death occurred, on the date stated above, at 11.52 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + Clinical

(Signed) H. W. Bloomfield M. D.

1-13 19 29 (Address) Phipps Clinic Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cadaver JOHNS HOPKINS HOSPITAL DATE OF BURIAL 1-14-29

20 UNDERTAKER Wm M Johnson ADDRESS 1234 Ellwig St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 100-001

E 41757

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. [redacted] ST., N-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Lokse

(a) RESIDENCE NO. Baltimore County ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year)

7 AGE: 64 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

10 NAME OF FATHER: Peter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Kate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

Filed JAN 7 1929 [illegible] Registrar

2157 DRF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-17-29

17 I HEREBY CERTIFY, That I attended deceased from 1-11 . 19 29 . to 1-17 . 19 29.

that I last saw him alive on 1-17 . 19 29

and that death occurred, on the date stated above, at 2 15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

myocardial insufficiency

CONTRIBUTORY (Secondary) Rt. Inguinal Hernia (duration) yrs. mos. 3 ds.

Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Frey M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: NS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

100-001

E 41758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41758

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto Md ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Gamble

(a) RESIDENCE NO. 12 N 13 2nd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0 37

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S Carolina

PARENTS

10 NAME OF FATHER Sanford Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S Carolina

14 Informant Balto City Hospt

(Address) Balto Md

15 FILED JAN 17 1929 19 3156 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-29

17

I HEREBY CERTIFY, That I attended deceased from 5-24 1927 to 1-16 1929

that I last saw her alive on 1-15 1929

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an Autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Jerry Lochmuller M. D.

1/16 1929 (Address) Balto City Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred 1/20/29 Asbury

DATE OF BURIAL 1/22 1929

20 UNDERTAKER Byron Wagner

ADDRESS 1210 N. Eden St.

Spec.—1-12-23—M&T—500 Bks.

E 41759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-006 E 41759

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 N. COLLINGTON AVENUE St. 7-12 Ward)

2-FULL NAME Baby HARRINGTON

(a) RESIDENCE No. 943 N. COLLINGTON AVENUE St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 15-1929

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER JOHN E. HARRINGTON

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ALTOONA, PA.

12 MAIDEN NAME OF MOTHER PAUCH

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) BALTIMORE MARYLAND

14

Informant Father, John E. Harrington

(Address) 943 N. Collington Avenue

15

Filed 1 7 1929 C. HAMPSON JONES, M. D.

3151 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15-1929, 19 , to Jan. 15-1929. 19 ,

that I last saw him alive on Jan. 15-1929 , 19 ,

and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William F. Rysanek M. D.

1/15, 19 (Address) 801 N. WOLFE AVENUE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 17 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41760

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N. Monroe St. ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie Belle Thorn

(a) RESIDENCE NO. 732 N. Monroe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob H. Thorn

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	61	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Alice Flickinger

(Address) 732 N. Monroe St.

15 Filed 7 1929 C. HARTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 15, 1929, that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Senile Dementia (duration) 1 yrs. mos. 7 ds.

18 Where was disease contrarted if not at place of death? (duration) yrs. mos. 7 ds.

Did an operation prerrde death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edgar Thayer, M. D.

, 19 (Address) 1500 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/ 18/29 19
20 UNDERTAKER Harry N. Wilke	ADDRESS 530 N. Carey St.

Spec.—2-29-25—L. F. S.—500 Bks.

E 41761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41761

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 W. Charles St. ST. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude K. Kepner

(a) RESIDENCE NO. 340 W. Charles St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hochschild Kohn & Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Tobias K. Kepner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Annie E. Metzger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mr. C. K. Kepner

(Address) Randallstown R. F. D. #2

15 Filed 1 1929, 19 C. Preston Jones Jr. M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 11- 1929, to Jan 16- 1929.

that I last saw h-er alive on Jan 16- 1929

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) none known

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds. —

Did an operation precede death? no Date of —

Was there an autopsy? no -

What test confirmed diagnosis? Phys. exam.

(Signed) Chas J Keller, M. D.

1-17 1929 (Address) 222 W. Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover Pa.

DATE OF BURIAL 1/19/29

20 UNDERTAKER Harry S. Witzke

ADDRESS 531 N. Fremont St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-006 E 41762

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 York Rd ST. 77-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME alice Rudd Conway

(a) RESIDENCE NO. 5004 York Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

6 DATE OF BIRTH (month, day, and year): July 19-1868

7 AGE: Years 60 61 | Months 5 7 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas. H. Rudd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Eliza Weeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Frank Webb

(Address) 5004 York Road

15 Filed 1-7 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-16-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 16, 1929, that I last saw h[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary): La Grippe (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Jan 17, 1929 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents Cem	Jan 18 1929

20 UNDERTAKER: Robert Brookerson

ADDRESS: Calhoun Collins &

Spec.—1-10-21—M&T—1500 Blks.

E 19638
41763

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. X 49 E 41763

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Mary Robertson

(a) RESIDENCE NO. 11 Ark St- Salem N.J. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. Car —

PARENTS

10 NAME OF FATHER Isaac Muldrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Car.

12 MAIDEN NAME OF MOTHER [redacted]ary Bope

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S Car —

14 Informant: Records —

(Address)

15 Filed JAN 17 1929, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Jan 17, 1929, that I last saw her alive on Jan 17, 1929, and that death occurred, on the date stated above, at 12 5-7 Am.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 11/11/28

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

TYPE OF BURIAL, CREMATION OR REMOVAL: Charlestown Cem

DATE OF BURIAL: Jan 19 1929

UNDERTAKER: John O Mitchell

ADDRESS: 1910 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41764

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Thomson St. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos Peterson

(a) RESIDENCE NO. 1117 Thomson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Feb 17 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Darlington S.C.

PARENTS

10 NAME OF FATHER: Abner Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Ida Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: J. L. Peterson

(Address): 1117 Thomson st

Filed 1 17 1929, 19

C. HARRISON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1928, to Jan 15 1929,

that I last saw him alive on Jan 14 1929,

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. E. Young, M. D.

1/17, 1929 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Darlington S.C.

DATE OF BURIAL: Jan 17, 1929

20 UNDERTAKER: Mrs. Ida Saunders

ADDRESS: 1988 E Madison st

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41765

CERTIFICATE OF DEATH.

11-006 **E 41765**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 Proctor St 10-19 Ward)

2-FULL NAME Lydia Ann Eury

(a) RESIDENCE NO. 1110 Proctor St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus Eury

6 DATE OF BIRTH (month, day, and year) Feb 14-1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Ellsworth Fobler

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Bessie Farrell (daughter)

(Address) 1110 Proctor St

15 Filed 1 1929 C. MARION JONES M D Registrar

Per ACT

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Probably Influenza

_____ (duration) _____ yrs. _____ mos. 10 ds.

(Signed) J. H. Collins M. D.

(Coroner)

1/17/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md — Date of Burial Jan 19 1929

20 UNDERTAKER William Cook — ADDRESS 1217 E. Paul St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—600 Bks.

Dr O'Neil 108 Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41766

CERTIFICATE OF DEATH

24-01

E 41766

REGISTERED NO. 20-70

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 London Ave, ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia A. Tucker

(a) RESIDENCE NO. 245 London Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Tucker

6 DATE OF BIRTH (month, day, and year) Mar 20, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	67	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Martinsburg
(State or country) W. Va

PARENTS

10 NAME OF FATHER Francis L. Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) W. Va

12 MAIDEN NAME OF MOTHER Mary A. Abel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) W. Va

14 Informant John W. Tucker
(Address) 245 London Ave

15 1/7 1929 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 12, 1929, to Jany 15, 1929, that I last saw h[illegible] alive on Jany 15, 1929 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/16, 1929 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/18 1929

UNDERTAKER J.M. Cook

ADDRESS 1217 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41767

1—PLACE OF DEATH

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 616 E 37th St., 9-4 WARD)

2—FULL NAME Blanche E Coleman

(a) RESIDENCE NO. 616 E 37th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Coleman

6 DATE OF BIRTH (month, day, and year) Aug 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Richard S Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jessie S Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Coleman

(Address) 616 E 37th St

15 Filed 1-17-1929 C. HAMPSON JONES M.D. Registrar

Per WKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1928 to Jan 15 1929

that I last saw h[illegible] alive on Jan 14 1929

and that death occurred, on the date stated above, at 7.15 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs & acute dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) John A Strahan M. D.

1/16, 1929 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudown	1/18 1929
20 UNDERTAKER W M Cook	ADDRESS 2175 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

Berkley L3337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41768

CERTIFICATE OF DEATH

E 41768

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 West Belvedere ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel J. Steffe

(a) RESIDENCE NO. 4122 West Belvedere WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER Daniel J Steffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth V Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Elizabeth V. Steffe

(Address) 4122 West Belvedere

15 FILED 7 1929, 19 C. HARRISON JONES, Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 16, 1929.

That I last saw h. alive on Jan 16, 1929

and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza Spinal Paralysis.

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Contagion

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Subjective + Objective

(Signed) G. W. Beasley, M. D.

, 19 (Address) 3337 Belvedere Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	1/19 1929
20 UNDERTAKER Wm Cook	ADDRESS 532 E Mosh

Spec. 2-29-28—L. F. S.—500 Blks.

E41769 ~~E-11766~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41769 ~~E-11766~~

101-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. ST., 14-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Childs

(a) RESIDENCE NO. 916 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie A. Childs.

6 DATE OF BIRTH (month, day, and year) Sept 15th 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	4.	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laboring Man

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Minnie A. Childs

(Address) 916 W Pratt St

15 Filed JAN 7 1929 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/29

17 I HEREBY CERTIFY, That I attended deceased from 1/15/29, 19..., to 1/16, 19 29.

that I last saw him alive on 1/16, 19 29

and that death occurred, on the date stated above, at 11:23 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Secondary

Contributory Pulmonary tuberculosis

(duration) yrs. mos. 4 ds.

(Secondary)

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? 916 W Pratt St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Stonesifer, M. D.

1/16, 19 29 (Address) So. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 19 1929
20 UNDERTAKER John J. Cowan & Son	ADDRESS 90 N Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

E· 41770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41770

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 28-64 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Beacham

(a) RESIDENCE NO. 5324 Belleville ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a If married, widowed, or divorced
WIFE of
(or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43 42				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Ret
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elijah

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 [illegible] (Address) [illegible]

Filed [illegible], 19

By [illegible] Registrar

1 7 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-29

17 I HEREBY CERTIFY, That I attended deceased from 8-27, 1928, to 1-17, 1929.

that I last saw him alive on 1-17, 1929

and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis
Termind Broncho-pneumonia

(duration) 16 yrs. mns. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus
Empyelas (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Phys of Laboratory

(Signed) [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1-19-29
20 UNDERTAKER	ADDRESS
J M Cook	1215 Park Ave

Spec. — 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41771

E 41771

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5607 York Rd ST. 27-46 (WARD)

2-FULL NAME Henry Knudsen

(a) RESIDENCE NO. 5607 - York Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida C. Knudsen

6 DATE OF BIRTH (month, day, and year) Sept 10, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Am. Salad Stores

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Ida C. Knudsen
(Address) 5607 York Rd

15 Filed JAN 7 1929 C. HAMPSON JONES, M. D. Registrar
By ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1929, to Jan 17, 1929, that I last saw h— alive on Jan 16, 1929, and that death occurred, on the date stated above, at 2 A-m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia L.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Knee, M. D.
1-17, 1929 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	1/19 1929
20 UNDERTAKER	ADDRESS
J. H. Cook	217 St Paul

TION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41772

CERTIFICATE OF DEATH.

11-006

E 41772

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 20-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie R. Burgner

(a) RESIDENCE NO. 504 North Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Foster C. Burgner

6 DATE OF BIRTH (month, day, and year) Jan 25/1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Walter White

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hinds

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. James Mans

(Address) 504 N FultonAve

15 Filed 7 1929 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan. 15-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia- Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

1/15/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

Date of Burial 1/18 1929

20 UNDERTAKER J. H. Cook

ADDRESS 2152 Eutaw

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41773

CERTIFICATE OF DEATH

90 E 41773

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 76-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Lee

(a) RESIDENCE NO. Odonnell 819 ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catharine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Reeds
(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] 19 [illegible] Registrar

17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-16-29

17 I HEREBY CERTIFY, That I attended deceased from 5/27, 1927, to 1-16, 1929, that I last saw him alive on 1-16, 1929, and that death occurred, on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

? Embolism of Cerebral artery.

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation, Chr. myocarditis (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Herniotomy Date of May, 1928

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) H. H. Mark M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arma

DATE OF BURIAL: 1/18 1929

20 UNDERTAKER: [illegible]

ADDRESS: 1217 E. Balto

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Shamer ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41774

CERTIFICATE OF DEATH

49 E 41774

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3503 Glenn Ave ST., 16-67 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude L. Keith

(a) RESIDENCE NO. 3104 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel C. Keith

6 DATE OF BIRTH (month, day, and year): Oct 31, 1878

7 AGE: Years 50 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Millwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mrs E Storms

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Daniel C Keith

(Address) 3104 Baker St

15 Filed ..... 19..... Registrar

7 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17. 1929

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to Jany. 17. 1929

that I last saw h[illegible] alive on Jany. 16, 1929

and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of abdominal viscera & peritoneum

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Epithelioma carcinoma of right breast (duration) yrs. Not known mos. ds.

18 Where was disease contracted If not at place of death? Not known

Did an operation precede death? Yes Date of June, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operative findings &c.

(Signed) Maurice E. Shamer, M. D.

1/17, 1929 (Address) 3300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Jan 21 19 29
20 UNDERTAKER	ADDRESS
W. M. Cook	2[illegible] St

Spec.—1-12-23—M&T—500 Bks.

E 41775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 41775

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Ashland ave ST. 7-13 WARD)

2-FULL NAME Mary C. Foster

(a) RESIDENCE NO. 1736 Ashland ave ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	M.

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ William Foster

6 DATE OF BIRTH (month, day, and year) April 1, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Benj. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Beatrice Cole

(Address) 1736 Ashland ave

15 Filed 1-7-1929 C. [illegible] JONES M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Jan 16, 1929, that I last saw her alive on Jan 16, 1929, and that death occurred, on the date stated above, at 12 ~~AM~~ PM m.

The CAUSE OF DEATH* was as follows:

Chr Interstial Nephritis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Tests

(Signed) Calvin B. LeCompte M. D.

, 19 (Address) 514 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 1-20 1929

20 UNDERTAKER Jas. M. Shomer

ADDRESS 1625 E. Madison

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41776

CERTIFICATE OF DEATH

101-001

E 41776

1—PLACE OF DEATH Maryland General Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. Howard & Madison ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F Kuefer

(a) RESIDENCE NO. Keymar, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Kuefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Record

(Address)

15 Filed JAN 10 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Jan 18, 1929, that I last saw him alive on Jan 18, 1929 and that death occurred, on the date stated above, at 1 05 A m.

The CAUSE OF DEATH* was as follows:

Adenoma Prostate

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia [redacted]

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 5, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Reifschneider, M. D.

1/10, 1929 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middleburg, Md	Jan 20 1929
20 UNDERTAKER	ADDRESS
E O Burrston	Towsontown Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Gluth

CERTIFICATE OF DEATH

57 E 41777

E 41777

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 S. Clinton ST. 76-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Gluch

(a) RESIDENCE NO. 1333 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S., if foreign birth 61 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Lena Gluch

6 DATE OF BIRTH (month, day, and year) Jan. 16 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Rietz

(Address) 1333 S. Clinton St

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Jan 16, 1929, that I last saw her alive on Jan 15, 1929 and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Scleretes Mellitus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Sclerotic Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Both Pathologic & Clinical

(Signed) H. L. Reinhard M. D.

1/16 1929 (Address) 3201 Hudson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	Jan 19 1929
20 UNDERTAKER George N. Zinkler	ADDRESS 1737 E. Eager St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41778

CERTIFICATE OF DEATH

100-001

E 41778

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 76-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Goodwin

(a) RESIDENCE NO. 3232 O'Donnell ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Nov. 14-1863

7 AGE	Years	Months	Days	If LESS than 1 day, —hrs. or —min.
	65	—1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill wright

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ?

14 Informant [redacted] BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-29

17 I HEREBY CERTIFY, That I attended deceased from 11-23, 1928, to 1-15, 1929, that I last saw him alive on 1-15, 1929 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Infectious Arthritis

(duration) over 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) R. H. Yoe M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Jan. 19 1929
20 UNDERTAKER George N. Zirkler	ADDRESS 1737 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41779

CERTIFICATE OF DEATH.

100-001

E 41779

1-PLACE OF DEATH

City of BALTIMORE: (No. 419 N. High St. 5-8 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Lawrence.(C)

(a) RESIDENCE: NO. 419 N. High St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 22 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 24, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	7	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Walter Savage.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Theresa Lawrence.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Theresa Lawrence(C) mother
(Address) 419 N. High St.

Filed JAN 18 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 15, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

1/17, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state yrs.. mos.. ds.

(Where was disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery Date of Burial Jan. 18 1929

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 725 Eastlandan

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E41780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E41780

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Eden ST. 5-8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Mitchell

(a) RESIDENCE NO. 628 N. Eden ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MD

PARENTS

10 NAME OF FATHER John M. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Emanuel Mitchell
(Address) 628 N. Eden St

15 Filed JAN 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929 to Jan 15, 1929 that I last saw her alive on Jan 15, 1929 and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis
Chronic Interstitial Nephritis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1-27 1929 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Jan 18 1929

20 UNDERTAKER Edward Bryan — ADDRESS 1651 Orleans St

Spec. 2-30-28—L. F. S.—500 Blks.

E 41781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41781

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Washington ST., 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Cahill

(a) RESIDENCE NO. 1004 N. Washington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (~~write the word~~)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Timothy Cahill

6 DATE OF BIRTH (month, day, and year) May 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90 91		8.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Don't Know Maryland

10 NAME OF FATHER James Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant James P. Cahill (Address) 1004 N. Washington St.

15 Filed N 18 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 —, 1929, to Jan. 17 —, 1929, that I last saw her alive on Jan. 16 —, 1929 and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

1/17/1929 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Jany 19 1929
20 UNDERTAKER Robt L Turner Inc	ADDRESS 1492 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 41782

CERTIFICATE OF DEATH.

E 41782

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1347 N. Stricker St. 15-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Tiller

(a) RESIDENCE NO. 1347 N. Stricker St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day and year): May 15 - 1928

7 AGE — Years: — Months: 8 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.: 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Louis D. Tiller

11 BIRTHPLACE OF FATHER (city or town): Hunt Co.

(State or country): Tex.

12 MAIDEN NAME OF MOTHER: Myrtle Randall

13 BIRTHPLACE OF MOTHER (city or town): Hannibal Co.

(State or country): Mo.

14 Informant: Louis D. Tiller

(Address): 1347 N. Stricker

Filed ... 1929 ... Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Jan 16th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

Jan 16th 19 (Address) H. C. Smith M. D. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — Date of Burial: Jan. 18, 1929

20 UNDERTAKER: Samuel Hensley & Biddle — ADDRESS 5378

very important. See instructions on back of certificate.

E 41783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41783

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No 407. Park ave 4-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonce Rabillon

(Residence in Baltimore: No. 407. Park ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 16th, 1857
(Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Leonce Rabillon

11-BIRTHPLACE OF FATHER (State or Country). France

12-MAIDEN NAME OF MOTHER Caroline Lajard

13-BIRTHPLACE OF MOTHER (State or Country). France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry D. Jenkins & Son Co

(Address) Richard McCulloh

15- Received JAN 18 1929 Filed ..... By .....

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead Jan 17 29
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (In-quest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (In-quest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Sunday 2d
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) W. Reid
(Coroner) M. D.

Jan 17, 1929 (Address) 1639 Orem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem.	1-19, 1929
20-UNDERTAKER Henry D. Jenkins Son & Co	ADDRESS Richard McCulloh

IMPORTANT. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41784 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41784

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Edward Meehan

(a) RESIDENCE NO. Preston + Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20, 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76. 60	7.	27.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen. Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Meehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor (Address) Preston + Valley sts

15 Filed Jan 21 1929 C. Murray Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1929 to Jan 17 1929

that I last saw h alive on Jan 17 1929

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Albaree M. D.

Jan 21 1929 (Address) 1139 Valley st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glen Allyedeal DATE OF BURIAL Jan 20 1929

20 UNDERTAKER John J. Fields ADDRESS 200 N. Fremont

Spec.—2-29-28—L. F. S.—500 Bks.

E 41785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 ✓ E 41785

1—PLACE OF DEATH

REGISTERED NO. 15-60

CITY OF BALTIMORE: (No. 2120 N. Smallwood St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Kay Gallion

(a) RESIDENCE NO. 2120 N. Smallwood Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Gallion

6 DATE OF BIRTH (month, day, and year) Oct. 29 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Wesley Tipton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Ropka

(Address) 2120 N. Smallwood St.

15 Filed ..... 19 ..... Registrar

JAN 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 28 to Jan 16 19 29 that I last saw h[illegible] alive on Jan 14 19 29 and that death occurred on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

RESUSCITATION

Mitral regurgitation
Chronic Glomerulo-Nephritis
Cirrhosis of Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Substance of Uterus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm F. Kelly, M. D.

1/16/29 Address 608 Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 1/19 1929

20 UNDERTAKER: J. Few McCulley — ADDRESS: 130 E. Fort

Spec.—2-29-28—L. F. S.—500 Bks.

E 41786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 10-002

E 41786

REGISTERED NO.

I—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital 9-45 WARD)

2—FULL NAME John Orville Ebberts

(a) RESIDENCE NO. Baker Ave (Woodlawn P.O.) ST. Md WARD
(Usual place of abode)

Length of residence in city or town where death occurred Non Resident yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	1	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Maryland —

PARENTS

10 NAME OF FATHER Edgar Eberts

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md —

12 MAIDEN NAME OF MOTHER Alva Ritter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Alva Eberts

(Address) Woodlawn, Md

Date received AN 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to Jan 17, 1929.

that I last saw him alive on Jan 17 1929

and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Tonsillar, Pharyngeal & Nasal)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Woodlawn, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Irby, M. D.

1-18. 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dallam County Cemetery	Jan 18 19 29.
UNDERTAKER	ADDRESS
A.S. Marshall	2539 Pulaski Rd

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41787

CERTIFICATE OF DEATH

101-001

E 41787
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. City Hospital St., 813 Ward)

2-FULL NAME Sidney Donridge

(a) RESIDENCE NO. 1315 N Dallas St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Donridge

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Cook
(c) Name of employer

9 BIRTHPLACE (city or town) British
(State or country) N. S.

PARENTS

10 NAME OF FATHER Buchie Donridge

11 BIRTHPLACE OF FATHER (city or town) British
(State or country) N. S.

12 MAIDEN NAME OF MOTHER Madge Mannice

13 BIRTHPLACE OF MOTHER (city or town) British
(State or country) N. S.

14 Informant Estella Donridge
(Address) 1315 N. Dallas St

15 Filed ..... 19... CLINTON JONES, M. D. Registrar

NOV 10 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

. . 19 (Address) 443 Hull Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	1-19 1929
20 UNDERTAKER	ADDRESS
Byron Knight	1218 McElderry St

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41788

CERTIFICATE OF DEATH

90 E 41788

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Lakewood Ave. WARD) 7-10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michal Gajewski

(a) RESIDENCE NO. 610 S Lakewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
78	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Gajewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs. Gajewski

(Address) 610 S Lakewood Ave

15 Filed 8 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1927 to Jan 17 1929

that I last saw him alive on Jan 16 1929

and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart + Art Lesions

(Signed) Dr Mosher, M. D.

1/17. 1929 (Address) 2015 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 19 1929
20 UNDERTAKER	ADDRESS
F. W. Ozogulski	1900 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41789

CERTIFICATE OF DEATH

161-001

E 41789

1—PLACE OF DEATH

Belair Rd

REGISTERED NO.

CITY OF BALTIMORE: (No. 4115 Marx Ave ST., 76-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy T. Mitchell

(a) RESIDENCE NO. 4115 Marx Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0-0

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Joseph Mitchell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Josephine Ustaszewska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Joseph Mitchell

(Address) 4115 Marx Ave

15 Filed JAN 18 1929 O. Bryan Jones, M.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929, to Jan. 17, 1929, that I last saw h-r alive on Jan. 17, 1929 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Prematura birth
(7 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace Trimble, M. D.

1-18, 1929 (Address) 760 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 18 1929

UNDERTAKER: John M. Heber — ADDRESS: 401 S. Chester

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41790

90 E 41790

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 617 S Clinton St., 26-1 Ward)

2-FULL NAME George Williams

(a) RESIDENCE NO. 617 S Clinton St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Williams

6 DATE OF BIRTH (month, day, and year): Feb 9-1871

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	57	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town):
(State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Williams Sr.

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Wales.

12 MAIDEN NAME OF MOTHER: Marie Samuels.

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Wales.

14 Informant: Ella Williams
(Address): 617 S Clinton St.

15 Filed ..., 19.. C. Hagen Jones ... Registrar

JAN 10 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yrs. mos. 1 da.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 1 da.

18 Where was disease contracted If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? — What abnormalities confirmed diagnosis? —

Signed: [illegible] M. D.

(Address) 1436 Hanway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cem.	1/20 1929

20 UNDERTAKER: George W Zurkler

ADDRESS: 1737 Eager St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

See Letter in file from Dr Mock dated 1-21-29

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 V

E 41791

CERTIFICATE OF DEATH

E 41791

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 74

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mascali Hamo or Marcel Strzempek

(a) RESIDENCE NO. 1503 Eastern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Man	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Strzempek

6 DATE OF BIRTH (month, day, and year) 18 Feb 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER [illegible] Strzempek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed JAN 16 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/29

17 I HEREBY CERTIFY, That I attended deceased from 12/12 1928 to 1/16 1929, that I last saw h alive on 1/16 1929 and that death occurred, on the date stated above, at 10.50 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Typical

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Empyema, Left

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 1/15/29

Was there an autopsy? No

What test confirmed diagnosis: Microscopic Pleural Fluid

(Signed) H. H. Mock, M. D.

1/19 1929 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	1/19 1929
20 UNDERTAKER Fitzgerald	ADDRESS 1118 Eastern

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41792

CERTIFICATE OF DEATH

E 41792

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

REGISTERED NO. 100-091

CITY OF BALTIMORE: (No. [illegible] ST. 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hollywood Clemson

(a) RESIDENCE NO. Baltimore City Hospitals, since 1907 ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 1

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address)

15 JAN 18 1929 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-29

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1929, to 1-15, 1929, that I last saw him alive on 1-15, 1929 and that death occurred, on the date stated above, at 1100 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, Bilateral.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-25-26

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray

(Signed) [signature] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity C. Annex	1/18/1929
20 UNDERTAKER	ADDRESS
Jno. Keller & Son	2503 Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41793

CERTIFICATE OF DEATH

X 100-001

REGISTERED NO. E 41793

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

2—FULL NAME Charles M. Catt

(a) RESIDENCE NO. 438 N. High St. Columbus, Ohio ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74 75		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public Indexer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Christopher Catt

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER — Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Hospital Records
(Address)

15 Filed JAN 18 1929 C. H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/29

17 I HEREBY CERTIFY, That I attended deceased from 1-16-29, 19..., to 1-17-29, 19...

that I last saw h[illegible] alive on 1-17-29, 19...

and that death occurred, on the date stated above, at 3 35 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Columbus Ohio	JAN 18 1929
20 UNDERTAKER George L. Smith	ADDRESS 153 L Hollins

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41794

CERTIFICATE OF DEATH

E 41794

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2104 E Pratt St., 1-3 Ward)

2-FULL NAME Abraham S Shochet

(a) RESIDENCE NO. 2104 E Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Shochet

6 DATE OF BIRTH (month, day, and year) Oct 7-1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	59	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rer
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER S. H. Shochet

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Markson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant
(Address) Jack Lewis 1434 E. Pratt St

Filed ... 19... Registrar

JAN 16 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Duration 2 hrs

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What (not confirmed) diagnosis?

(Signed) J. H. Hall, M. D.

, 19 (Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington	Jan 20 1929
20 UNDERTAKER	ADDRESS
Jack Lewis	1434 E Pratt St

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 41795 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 41795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital of Balto. REGISTERED NO.

CITY OF BALTIMORE: (No. Monument St. 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lena Levy

(a) RESIDENCE NO. 3647 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred W/o yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Levy

6 DATE OF BIRTH (month, day, and year) aug 10 - 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry Hamberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Baltimore St

15 Filed 1929 [illegible] Registrar.

N 18 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1929, to 1/18, 1929, that I last saw her alive on 1/18, 1929, and that death occurred, on the date stated above, at 12:45A m.

The CAUSE OF DEATH* was as follows:

Cerebral congestion
Softening right hemisphere
Hemiplegia of left side

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Milton Hersey, M. D.

1/18, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herman Rem.	1/18 1929

20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41796

CERTIFICATE OF DEATH

40 ✓

REGISTERED NO. E 41796

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Eutaw Place ST., 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophie Sivenklin

(a) RESIDENCE NO. 2421 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Sivenklin

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 Eutaw St

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan. 18, 1929, that I last saw h.. alive on Jan 16, 1929 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy, Arteriosclerosis and Mental Agony (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy Exam

(Signed) G. F. Ries, M. D.

Jan 18, 1929 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Fresh Pond — DATE OF BURIAL 1/18 1929

20 UNDERTAKER Jack Lewis 1439 Eutaw St — ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41797

CERTIFICATE OF DEATH

100-901

E 41797

1—PLACE OF DEATH

REGISTERED NO. 9

CITY OF BALTIMORE: (No. 1247 W Lombard ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Hoffsnider

(a) RESIDENCE NO. 1247 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hoffsnider

6 DATE OF BIRTH (month, day, and year) March 18-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Hoffsnider

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Harriett Ebersberger

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

14 Informant Wm H. Hoffsnider

(Address) 1247 W Lombard St

15 Filed JAN 18 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16. 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928, to Jan 16, 1929, that I last saw h alive on Jan. 15, 1929 and that death occurred, on the date stated above, at 8.55 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dudley Stoag, M. D.

1/18, 1929 (Address) 729 Cathedral Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	1/19 1929

20 UNDERTAKER Robert Brooks & Son ADDRESS Baltimore Md

Spec.—1-12-23—M&T—500 Bks.

E 41798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3624 (St.) Ash (13-52 WARD)

2-FULL NAME Elizabeth E Higdon

(a) RESIDENCE No. 3624 Ash ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: John H Higdon

6 DATE OF BIRTH (month, day, and year): Dec 15 1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	11.	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 (Informant) Mr. William H Higdon Son (Address) 3624 Ash st

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18. 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Jan 18, 1929, that I last saw her alive on Jan 17, 1929, and that death occurred, on the date stated above, at 1250 A m.

The CAUSE OF DEATH* was as follows:

1 Ch. valv. Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) [illegible] M. D.

(Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 1/21 1929

UNDERTAKER: Walter Davis

ADDRESS: 330 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

22154 41799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-E 01 41799

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carole Fritz

(a) RESIDENCE NO. Union Bridge, Md ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-14-28

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Fritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) .....

Filed JAN 18 1929 C. HARRISON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929. to Jan 18, 1929. that I last saw h-- alive on Jan 18, 1929. and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, primary

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Pertussis ? (duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray.

(Signed) James A Miller, M. D.

1/18, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pipe Creek — DATE OF BURIAL Jan 20, 1929

20 UNDERTAKER L. H. Hamner, — ADDRESS New Windsor Md

Spec.—2-29-28—L. F. S.—500 Blks.

E 41800 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41800

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 E. 23rd ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ISABELLA WARD

(a) RESIDENCE NO. 521 E. 23rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? 3 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Fem.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Amos Ward

6 DATE OF BIRTH (month, day, and year) March 26 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falkirk Scotland

PARENTS

10 NAME OF FATHER Alexander Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Falkirk Scotland

12 MAIDEN NAME OF MOTHER Mary Ann Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Falkirk Scotland

14 Informant Arthur M. Reid

(Address) 502 Homestead Ave Towson

15 Filed NOV 18 1929 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928 to Jan 16, 1929

that I last saw her alive on Jan 16, 1929

and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry K. Mecaumber M.D.

1/17/29 (Address) 352 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore Cemetery

DATE OF BURIAL Jan 19th 1929

20 UNDERTAKER Geo. Lull Bridges & Sons

ADDRESS 4th Runnels Elsworth St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-41801 E-PLACE OF DEATH

100-001

E 41801 REGISTERED NO.

City of BALTIMORE: (No. W. Balto Gen Hosp 4-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma F. Chertes

(a) RESIDENCE NO 1817-E. 29 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 22 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fmal	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 23-1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto md
(State or country)

PARENTS

10 NAME OF FATHER Wm Chertes

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Sprowl

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Blanch Dugdell
(Address) 1817-E-29th

15 Filed JAN 13 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia 1

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leech M. D.
(Coroner)

Jan 16 1929 (Address) North Ave & Dunc

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Date of Burial

Baltimore Cemetery Jan 17 1929

20 UNDERTAKER Geo Schillinglaws ADDRESS Monument Square

Very important. See INSTRUCTIONS on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41802

CERTIFICATE OF DEATH

90 E 41802

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Longwood ST. 15-6T WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lata St. Sicol,

(a) RESIDENCE NO. 2119 Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Harry L. Sicol

6 DATE OF BIRTH (month, day, and year): Aug 10. 1899

7 AGE: Years 29 Months 5 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of industry, business, or establishment in which employed (or employer): Q

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Elmer R. Shannon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mamie Keil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Harry L. Sicol

(Address) 2119 Longwood St

15 Filed NOV 19 1929 19 H. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17. 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19 27, to Jan 17, 19 29

that I last saw h alive on Jan 17, 19 29

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Fibrillation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Dr. Wiseley, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: Harry W Ehlen — ADDRESS 1744 W Saratoga St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41803

CERTIFICATE OF DEATH

101-001 E 41803

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1516 Rutland Ave 8-17 WARD)

2—FULL NAME Eliza Maria Bloeser

(a) RESIDENCE NO. 1516 Rutland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? 76 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Bloeser

6 DATE OF BIRTH (month, day, and year) 5/13/1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stonington Conn.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mary A Latham

(Address) 1516 Rutland ave

15 Filed 8 1929 C. MARTSON Jones [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 / 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 29, to Jan 16 29,

that I last saw h[illegible] alive on Jan 16 29

and that death occurred, on the date stated above, at 4'15 P m.

The CAUSE OF DEATH* was as follows:

Contusion

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Fracture of Femur

(duration) yrs. mos. 9 da.

18 Where was disease contracted if not at place of death? Fall from bed

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Paul Voigt, M. D.

1-17-29 (Address) 2616 Rutland Ave City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuel Cemetery	1/19 1929
20 UNDERTAKER	ADDRESS
Louis Heemann	32 S Bond

Spec.—1-10-21—M&T—1500 Blks.

E 41804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41804

CERTIFICATE OF DEATH.

12-51 101-001

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St.. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rodgers

(a) RESIDENCE No. 211 Walnut St., Philadelphia, Pa., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) March 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer Barge Barry

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER William Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Alice McCabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rhode Island

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

15 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 19 29

17

I HEREBY CERTIFY, That I attended deceased from October 20 19 26 to January 15 19 29,

that I last saw him alive on January 15 19 29,

and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Valvular heart disease.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of ---

Was there an autopsy? no

What test confirmed diagnosis? X-ray and physical findings

(Signed) C. C. Wilmoth M. D.

1/15 19 29 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hanover Jan 19 29 DATE OF BURIAL

20 UNDERTAKER DeLeRoy Stiffler ADDRESS 126 E Main

Spec.—1-12-23—M&T—500 Blks.

E 41805 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 41805

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (1915 ST.) (WARD)

2-FULL NAME Frances Dockins

(a) RESIDENCE No. 1512 E. Monument st. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE 38

Years	Months	Days	If LESS than 1 day, hrs or min.
37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unknown

(c) Name of employer ..... Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lillian Toms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 1 8 1929 G. MARION JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928, to Jan. 16, 1929, that I last saw her alive on Jan. 16, 1929, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of kidney

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-17, 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL 1-19-29

20 UNDERTAKER Ralph A. Williams ADDRESS 1515 Pennsylvania Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41806

CERTIFICATE OF DEATH

E 41806

11-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3300 Vera St Fairfield (ST.) 25-16 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Snowden

(a) RESIDENCE NO. 3300 Vera Fairfield Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Snowden

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ~~N C~~ S C,

10 NAME OF FATHER Peter Mozeg

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

PARENTS

14 Informant Mary Peterson

(Address) 3300 Vera

15 Filed 8 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 16, 1929.

that I last saw her alive on Jan 15, 1929

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. N. Hatcher, M. D.

1/18, 1929 (Address) 1005 Pa Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNDERTAKER W. M. Calvert	Jan 20 1929
ADDRESS Paul T. Wilkins 1615 Pine St	

Spec.—2-29-28—L. F. S.—500 Bks.

E 41807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 41807

REGISTERED NO.

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE; (No. Division ST. 16 - W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Brown

(a) RESIDENCE NO. 118 Carson Court WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Brown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work C laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 60

(c) Name of employer

9 BIRTHPLACE (city or town) unknown (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Self. (Retard)

(Address)

15 Filed JAN 18 1929, 19 C. HARRISON JONES, M. D. Per 2159 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 16, 1929, that I last saw h/[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary) Ch. Nephritis (duration) yrs. mos. 2 ds.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Exam

(Signed) W. Carlson, M. D.

1/18 19 29 (Address) 1000 Carlington Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JAN 18 1929

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41808 E 41808

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3630 Kossuth ST. 20-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Agnes Atkins

(a) RESIDENCE No. 3630 Kossuth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis W. Atkins

6 DATE OF BIRTH (month, day, and year): Sept. 17 1860

7 AGE — Years: 68 — Months: 4 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Andrew Sadler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Barbara Reis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis W. Atkins Jr.

(Address): 3630 Kossuth St

15 FEB 8 1929 G. HAMPSON JONES, M. D. Registrar

Fol

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1929 to Jan 14 1929

that I last saw h alive on Jan 14 1929,

and that death occurred, on the date stated above, at 6 05 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) indef yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic cholecystitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl. & Phy

(Signed) J. Y. Kipper M. D.

, 19 (Address) 3321 Reisterstown Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan. 19 1929

20 UNDERTAKER: George L. Schwab — ADDRESS: 3101 Fulton Ave.

Spec.—2-29-28—L. F. 3.—500 Bks.

Baggot- Monroe St..

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41809 ✓ E 41809

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1007 N. Payson ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kidan Bitty

(a) RESIDENCE NO. 1007 N. Payson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Aug. 7 - 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Agent - Oil

(b) General nature of industry, business, or establishment in which employed (or employer) London Lankashire

(c) Name of employer Fire Insurance

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Bitty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Payne

(Address) 1007 N. Payson

15 Filed JAN 28 1929, 19 BALTIMORE, MD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928 to Jan. 17, 1929

that I last saw him alive on Jan. 17, 1929

and that death occurred, on the date stated above, at 7-P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis + Chronic Interstitial Nephritis

(duration) 1 yrs. + mos. da.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Louis Liggett, M. D.

, 19 (Address) 1014 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Helmet Family Cemetery	Jan. 20 1929
20 UNDERTAKER	ADDRESS
H. W. Cook	1217 W. Pratt St.

Spec.—2-29-28—L. F. S.—800 Blks.

Immler Dr Knell. Augusta & Frederick Sts

E 41810

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 41810

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Woodington Ave ST., 28-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Immler

(a) RESIDENCE NO. 5 Woodington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residenre in rity or town where death ocrurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Immler

6 DATE OF BIRTH (month, day, and year) June 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or rountry) Baltimore Md

10 NAME OF FATHER Lawrence Krein

11 BIRTHPLACE OF FATHER (rity or town) (State or rountry) Germany

12 MAIDEN NAME OF MOTHER Anna S Menge

13 BIRTHPLACE OF MOTHER (city or town) (State or rountry) Germany

14 Informant Louis C Immler

(Address) 3702

15 Filed C. HAMPSON JONES, M. D. Registrar

JAN 3 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 16, 1929

that I last saw her alive on Jan 15, 1929

and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. A. Knell M. D.

1/16, 1929 (Address) Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 1/19 1929

20 UNDERTAKER William Cook — ADDRESS 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

E 41811 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41811

CERTIFICATE OF DEATH

101-09

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 12-44

CITY OF BALTIMORE: (No. 33rd ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Mildred Twilley

(a) RESIDENCE NO. Nurses Home U. M. H. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pupil Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge
(State or country) Md

PARENTS

10 NAME OF FATHER Thomas H Twilley

11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Md

12 MAIDEN NAME OF MOTHER Helen Kain

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Hospital Records
(Address)

15 1 8 1929 19 H. MASON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929 to Jan 17, 1929 that I last saw her alive on Jan 17, 1929 and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geroghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL Jany 19 1929

20 UNDERTAKER Harry H. Mucasey ADDRESS 1702 Edgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 41812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41812

CERTIFICATE OF DEATH.

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun + Fayette St. WARD)

2-FULL NAME Anne E. Cooksey

(a) RESIDENCE NO. 210 Hamilton Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Cooksey

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury, Md.

PARENTS

10 NAME OF FATHER James Louis Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury, Md.

12 MAIDEN NAME OF MOTHER Sarah Mandiel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury, Md.

14 Informant daughter (Address)

15 Filed JAN 18 1929 C. [illegible] JOHNSON JOHN H. E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Jan. 17, 1929, that I last saw h[illegible] alive on Jan. 17, 1929, and that death occurred, on the date stated above, at 11:25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.

Jan 17 1929 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Jan. 19 1929

UNDERTAKER Horace F. Burgee ADDRESS 363 Fallsd.

Spec.—1-12-23—M&T—500 Bks.

E 41813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Wesley Ave ST. 28-64 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Schmidt

(a) RESIDENCE NO. 5315 Wesley Av ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ or (or) WIFE of John Schmidt

6 DATE OF BIRTH (month, day, and year) May 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Dont Know
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Dont Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis Rosa Schmidt (Address) 5315 Wesley ave.

15 Filed 1-8-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan. 17, 1929, that I last saw h alive on Jan 16, 1929 and that death occurred, on the date stated above, at 4-30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown M. D.

(Address) 1837 Pa. ave. 1/17, 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 21, 1929

20 UNDERTAKER John A. Moran ADDRESS 300 E. Dolphin

Spec.—1-10-21—M&T—1500 Bks.

E 41814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41814

CERTIFICATE OF DEATH.

101-007

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 25-22 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brother Jude O'Sullivan or John Ambrose Sullivan

(a) RESIDENCE NO. St Mary's Industrial School ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 24-1897

7 AGE Years 31 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Christian Brother
(b) General nature of industry, business, or establishment in which employed (or employer) 865
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER John A. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Emma Leach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Brother Benjamin
(Address) St Mary's Industrial School

15 Filed JAN 28 1929 19 J. MARION JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15- 1929 to 1-17- 1929

That I last saw him alive on Jan 17 1929

and that death occurred, on the date stated above, at 6.25 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Valvular Dis. Mitral Stenosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Marys Industrial School

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Exam

(Signed) H. W. Ericson, M. D.

(Address) St. Agnes Hosp. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/19 1929

UNDERTAKER Chas. O. Maus & Son — ADDRESS 118 W. Mt. Royal Ave.

IMPORTANT: See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 41815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41815

CERTIFICATE OF DEATH.

34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital or St.) 43-57 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy St Clair

(Residence in Baltimore: No. Children's Hospital School St.: 2 yrs., 0 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH January 18, 1924 (Month) (Day) (Year)

7-AGE. 5 yrs. 0 mos. 0 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....—

9-BIRTHPLACE. (State or Country). Port Deposit Md.

PARENTS.

10-NAME OF FATHER. Russell St. Clair

11-BIRTHPLACE OF FATHER (State or Country). Port Deposit Md

12-MAIDEN NAME OF MOTHER Hannah Felpell

13-BIRTHPLACE OF MOTHER (State or Country). Cecil Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah St. Clair

(Address) Port Deposit Md

15- Jan 18 1929

C. HARRISON JONES, M. D. Registrar.

Per ———

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 18, (Day) 1929. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1928, to Jan 18 1929. that I saw her alive on Jan 18 1929. and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

T.b. of spine, left Ankle and right hip

(Duration) 3 yrs. 0 mos. 14 da.

CONTRIBUTORY (Secondary) Mediastinal tuberculosis

T.b. meningitis (?) (Duration) ....yrs. ....mos. 7 da.

(Signed) Marcus Schmant M. D.

Jan 18, 1929 (Address) Childrens Hosp. School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. 14 da. In the State Life yrs. mos. da.

Where was disease contracted, if not at place of death? Port Deposit Md

Former or usual residence Port Depost Maryland

18-PLACE OF BURIAL OR REMOVAL. Northern Cemetery Colora Md

DATE OF BURIAL. Jan 21, 1929.

19-UNDERTAKER J. E Tyson

ADDRESS Colora Md

Spec.—1-10-21—M&T—1500 Blks.

22 S 22
22 E 41816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Girl Joines

(a) RESIDENCE NO. Street - Md -ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan-5-29

7 AGE — Years — Months — Days 12 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Tyra Joines

11 BIRTHPLACE OF FATHER (city or town) (State or country): N-Car

12 MAIDEN NAME OF MOTHER: Minnie Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N-Car

14 Informant: Reads -
(Address) JOHNS HOPKINS HOSPITAL

15 1 8 1929 C. THOMPSON JONES, M. D. Registrar
Date Mch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Jan 18 1929.
that I last saw her alive on Jan 18 1929.
and that death occurred, on the date stated above, at 4 P - m.
The CAUSE OF DEATH* was as follows:
Prematurity

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) J. C. Goodwin M. D.
1/18, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon M E Cem Jany 19 1929 — DATE OF BURIAL

20 UNDERTAKER: Harford Co. Md. — ADDRESS
Dean & Sons Bel Air Md

Spec.—2-29-28—L. F. S.—500 Blks.

E 41817

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002 ✓ E 41817

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1458 Stevenson ST., 24-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marcus M. Kelly

(a) RESIDENCE NO. 1458 Stevenson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kelly

6 DATE OF BIRTH (month, day, and year) April 15 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk. 09

(b) General nature of industry, business, or establishment in which employed (or employer) Furness Withy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Patrick Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Catherine Kelly

(Address) 1458 Stevenson st.

15 Filed 8 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/29

17 I HEREBY CERTIFY, That I attended deceased from Jany 1— 1929, to Jany 16— 1929, that I last saw him alive on Jan 16— 1929 and that death occurred, on the date stated above, at 9/00 m.

The CAUSE OF DEATH* was as follows:

Diphtheria Myocarditis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Thompson, M. D.

(Address) 1501 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a. C. Co. mds	1/19 1929
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light st

Spec.—1-10-21—M&T—1500 Blks.

E 41818 (35)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41818

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 25-25 WARD)

REGISTERED NO. 97-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Taylor

(a) RESIDENCE NO. 3704 Brooklyn ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/4/29

7 AGE — Years: — Months: — Days: 14

If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Md.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 JAN 8 1929 19 H. MASON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1927, to Jan 18, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

abscess in superior maxillary bone (right)

8 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 1/16/29

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) F. C. Gaglwin M. D.

1/18, 19 29 (Address) Johns Hopkin Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Jan. 19 1929

20 UNDERTAKER Margaret D. Flynn

ADDRESS 1422 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41819

CERTIFICATE OF DEATH

11-001

E 41819

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4026 Pennington Ave, ST. 25-77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles G. Baumann.

(a) RESIDENCE NO. 4026 Pennington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred M. Baumann.

6 DATE OF BIRTH (month, day, and year) March, 22, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22,	10,	25.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer) Mexican Petroleum

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Baumann.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Miranda Fuller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mildred M. Baumann, (Wife)

(Address) 4026 Pennington Ave.

15 Filed 1929, 19 C. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11th, 1929, to Jan. 16th, 1929.

that I last saw him alive on Jan. 15th, 1929

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) Tony Leibel, M. D.

1/18, 1929 (Address) 1424-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Jan 19 1929

20 UNDERTAKER A. Howard Evans ADDRESS 356 Fairmount

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41820

181-801

E 41820

1-PLACE OF DEATH

City of Baltimore: (No.) 3918 Hudson St., (N) Ward 37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Harrison

(a) RESIDENCE NO. 3918 Hudson St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth A. Harrison

6 DATE OF BIRTH (month, day, and year) Mar 16. 1909

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	19	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Delgado

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Minnie Stubbs

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ruth Harrison
(Address) 3918 Hudson St

15 Filed JAN 8 1929, 19.. C. HARRISON JONES, ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Gas Poisoning 10 hrs

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? — —

What test confirmed diagnosis? Conditions

(Signed) G E Lades M. D.

1/16/29 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehnerts	1/19 19 29
20 UNDERTAKER W. E. Cook	ADDRESS 214 N Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41821

CERTIFICATE OF DEATH.

129 E 41821

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 776 Bradley St. 17-24 Ward

2-FULL NAME Arthur Brown

(a) RESIDENCE NO. 776 Bradley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): Mar 15-1874

7 AGE — Years: 54-10 Months: Days: 2 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Ida Spencer

(Address): 776 Bradley

15 Filed ....., 19..., Registrar.

Per _____

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his or her) death (by means stated below, as the result of an autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Jan 17 1929 (Signed) C. Elmer Black M. D.

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 1-19 1929

20 UNDERTAKER: Daniel Easton & Son ADDRESS 916

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 627 W Hollins ST. 4-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Jennings

(a) RESIDENCE NO. 627 W Hollins ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 01 mos 2 dx. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Albert Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Sarah Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Sarah Jennings

(Address) 627 W Hollins St

15 Filed ... 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1929, to Jan 17 1929,

that I last saw him alive on Jan 17 1929

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 0 yrs. 0 mos 6 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Physical Exam

(Signed) R B Kenyon, M. D.

Jan 18 1929 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1-19 1929

UNDERTAKER Daniel Easton & Co

ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Blks.

E 41823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84

E 41823

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hosp ST., 4-7 (WARD)

2—FULL NAME Carlton Moore

(a) RESIDENCE NO. 527 Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 16-1921

7 AGE: Years 7 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer): 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City Md

10 NAME OF FATHER: Calvin Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Margaretta Woods.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Henry Moore

(Address) 527 Saratoga St

Filed 8-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18-1929

17 I HEREBY CERTIFY, That I attended deceased from 12-27, 19 28, to Jan 17, 19 29, that I last saw h[illegible] alive on Jan 17, 19 29 and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Cerebral)

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of Jan 15, 1929

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) B Stans M. D.

1-18, 19 29 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1-19 1929

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Blks.

E 41824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41824

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-20 (AWD)

2-FULL NAME James White

(a) RESIDENCE (No. 1427 Brunt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year) 10-16-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	—	
		14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jerrit White

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Queen Tillery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edwards

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 19 1929 . 19 . EDWARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 . 1929 . to Jan 18 . 1929 . that I last saw deceased alive on Jan 15 . 1929 . and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

pneumonia, Lobar

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray

(Signed) James A Miller M. D.

. 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-19 1929
20 UNDERTAKER Daniel Easton	ADDRESS 916 Eden

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41825

CERTIFICATE OF DEATH

129 E 41825

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 N Strieker ST. 16-22 WARD)

2—FULL NAME Robert L. Goins

(a) RESIDENCE NO. 901 N Strieker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Goins

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: 41 — 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): Oct

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Robt R Goins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Smothers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Louise Goins

(Address): 901 N Strieker ST

15 Filed ..., 1929 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1929, to 1-18, 1929, that I last saw him alive on 1-18-29, 19, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebal Hemorrhage

(duration) yrs. mos. 3 hours

CONTRIBUTORY (Secondary): Nephritis & hypertension

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry C Grundy, M. D.

1-18-1929 (Address) 1029 N Strieker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 1-19 1929

20 UNDERTAKER: Nevins Easton

ADDRESS 916 Park Ave

8 1929

HARRISON JONES

Registrar

Spec.—1-10-21—M&T—1500 Blks.

E 41826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (WARD) 7-9

2-FULL NAME Laura Frantz

(a) RESIDENCE NO. Lutherville Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 2

6 DATE OF BIRTH (month, day, and year): May 8 1863

7 AGE: Years 65 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Lofters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Susan Lunkart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

15 Filed 1 8 1929 G. MASON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 18, 1929, that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Ford of uterine stump

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-15-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observations

(Signed) John and Stinson M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jessups Cem Balto — DATE OF BURIAL: Jan 21 1929

20 UNDERTAKER: John Burns Sons Co — ADDRESS: Towson Md.

Spec.—1-10-21—M&T—1500 Bks.

E 41827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital (Ward) 17-5-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Jarrett M. Sheridan

(a) RESIDENCE NO. 2706 N. Chas. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 77 yrs. 3 mos. 28 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of— (or) WIFE of Mary W. Sheridan

6 DATE OF BIRTH (month, day, and year) Sept 20 1851

7 AGE	Years	Months	Days
	77	3	28

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER John S. Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Whorrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Next of Kin

15 Filed JAN 8 1929 C. WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-14 1929 to 1-17 1929

that I last saw him alive on 1-17 1929

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Templeton M. D.

1/17/29 (Address) 1 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood-Homewood Cem. Md. DATE OF BURIAL Jan 19 1929

20 UNDERTAKER Stewart & Co. ADDRESS Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41828

CERTIFICATE OF DEATH.

100-801

E 41828

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Josephs Hospital St. 27-53 Ward

2-FULL NAME Robert Thompson

(a) RESIDENCE NO. 605 Rolandaw St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) about 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Jas. H. Thompson

11 BIRTHPLACE OF FATHER (city or town) Hartford Co

(State or country) Md.

12 MAIDEN NAME OF MOTHER Aminal Hilbrook

13 BIRTHPLACE OF MOTHER (city or town) Hartford Co

(State or country) Md

14 Informant Mrs F A Wheeler (niece)

(Address) Towson Md

Filed 1 1929 C. Edgar Jones M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Foos M. D.

(Coroner)

1/18/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs. — mos. 1/2 ds. In the State 78 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 605 Rolandaw

Former or usual residence 605 Rolandaw

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery - Harford Co Md Date of Burial Jan 21 1929

20 UNDERTAKER Stewart & Co ADDRESS Balto.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-E 41829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hale

(a) RESIDENCE NO. Preston & Valley ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arlington Md

PARENTS

10 NAME OF FATHER James Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ely Thornton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley Sts

15 8 1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 . 1929 . to Jan 17 . 1929 .
that I last saw h alive on Jan 16 . 1929 .
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. W. Leonard M. D.

1/18. 1929 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Jan 19 1929

20 UNDERTAKER Rita Windfield

ADDRESS 914 Grumt Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 41830

1—PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16 S. Carey ST., 14-29 WARD)

2—FULL NAME Hattie L. Haskins

(a) RESIDENCE NO. 16 S Carey ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17-1865

7 AGE (63)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7 6	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Button Sewer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Vermont

10 NAME OF FATHER: Preston Haskins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Vermont

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Vermont

Informant: Mrs Stearns

(Address) 16 Scarey St

Date 1-9-1923 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Jan 18, 1929.

that I last saw her alive on Jan 18th, 1929

and that death occurred, on the date stated above, at 5 05 PM m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Date of /

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) R. Heller Hemming, M. D.

1/19, 1929 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Creek Cem Washington DC	1/21 1929
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins st

Spec.—2-29-28—L. F. S.—500 Bks.

E 41831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41831

1—PLACE OF DEATH
BALTIMORE CITY HOSPITALS
CITY OF BALTIMORE (No. [redacted] ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ann Marshall

(a) RESIDENCE NO. 718 No. Broadway ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Marshall

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Peter Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records
(Address)

BALTIMORE CITY HOSPITALS

Filed 1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-29

17

I HEREBY CERTIFY, That I attended deceased from 16-29, 19 26, to 1-17, 19 29

that I last saw her alive on 1-17, 19 29

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Bronchio-Pneumonia, left base

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Finch M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

BALTIMORE CITY HOSPITALS

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	1/19 19 29
20 UNDERTAKER Wm Cook	ADDRESS 1717 E Pratt

over

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41832

CERTIFICATE OF DEATH

Colored

REGISTERED NO. 41832

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1926 Letitia Ave (ST.) (WARD) Eastern Avenue Corner Letitia Ave

2—FULL NAME Sarah E. Herrin

(a) RESIDENCE NO. 1926 Letitia Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Herrin

6 DATE OF BIRTH (month, day, and year): March 30 1849

7 AGE: Years 79 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sophia Herrin

(Address) 1926 Letitia Ave

15 Filed 1 19 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926, to Jan 16, 1929, that I last saw h[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Fracture of Hyp (left).

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? (Yes)

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

Augustus P. Von Schweinitz M.D. 1950 (Address) N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 1/19 1929

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Trigram 2439 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41833

CERTIFICATE OF DEATH

E 41833

74-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis G. Armor

(a) RESIDENCE NO. Southern Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bryson M. Armor

DATE OF BIRTH (month, day, and year) Jan 29, 1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Louis M Armor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily A Andrew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Bryson

(Address) 3705 Illinois Ave

Filed 1 [illegible] 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1929

17 I HEREBY CERTIFY, That I attended deceased from January 8, 1929, to January 17, 1929, that I last saw him alive on January 17, 1929 and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Trigram, M. D.

19 (Address) 2439 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery, Upper Falls DATE OF BURIAL 1/20 19 29

20 UNDERTAKER H. M. Cook ADDRESS 217 S. Paca St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Pakoone 2200 E Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41834

CERTIFICATE OF DEATH

101-01

E 41834

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 810 S Streeter ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanislova Wisniewski

(a) RESIDENCE NO. 810 S Streeter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion Wisniewski

6 DATE OF BIRTH (month, day, and year): Apr 23/1874

7 AGE — Years: 54 | Months: 8 | Days: 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Marion Wisniewski

(Address): 810 S Streeter St

15 Filed ....., 19 ..... Registrar

1 91929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from ~~December~~ Jan 11 29 to Jan 17, 1929

that I last saw her alive on Jan 17, 1929

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Myocardial Failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 1/21 19 29

20 UNDERTAKER: J McCork

ADDRESS: 2174 Ford St

Spec.—2-29-28—L. F. S.—500 Blks.

E 41835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41835

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Penna Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilly May Knight

(a) RESIDENCE NO. 1824 Penna Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Knight

6 DATE OF BIRTH (month, day, and year): Aug 16 1872

7 AGE — Years: 56 | Months: 5 | Days: 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Charles Christie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Laura Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. G. Knight

(Address) 1824 Penna Ave.

15 Filed ..... 19..... Registrar

19 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 16, 1929

that I last saw h[illegible] alive on Jan 16, 1929

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) E. William Frey M. D.

1/17 1929 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: Wm Tuckner Sons — ADDRESS: North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41836 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41836

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 12 W Randall (St.) 23-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Walters

(a) RESIDENCE NO. 12 W Randall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 DATE OF BIRTH (month, day, and year): Jany 27 85

7 AGE: Years 73 | Months 11 | Days 4/15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: W Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Miss Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Estelle T. Walters

(Address) 12 W Randall

15 Filed ..... 19 .....

9 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 17, 1929

that I last saw h alive on

and that death occurred, on the date stated above, at 10 AM

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Ephamentum (duration) yrs. mos. 8 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Campbell M. D.

18, 1929 (Address) 1644 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Jan 19 1929

20. UNDERTAKER: H. T. Hartwell Sons — ADDRESS: 1 La Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41837

CERTIFICATE OF DEATH.

129 E 41837

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hadley Griest

(a) RESIDENCE NO. Hotel Joyce St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia A. Griest

6 DATE OF BIRTH (month, day, and year) Dec 22nd 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	0	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 673

(c) Name of employer B & O R R

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER Willing C. Griest

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Tilma Brunell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant Mary L. Stewart

(Address) Relay, Md.

15 Filed ..... 19 ..... Registrar

JAN 16 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia. (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Fallert, M. D. (Coroner)

1/17 1929 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Jan 19'29

20 UNDERTAKER Wm J Tilghman & Sons ADDRESS N Paca

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41838

CERTIFICATE OF DEATH

E 41838

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 W. North Ave. St. ~~13~~ WARD)

REGISTERED NO. 5-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addie Madora Baldwin

(a) RESIDENCE NO. 2401 W. North Ave. St.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 55 yrs. 10 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed or divorced HUSBAND of (or) WIFE of Francis E. Baldwin

DATE OF BIRTH (month, day, and year) Feb 14, 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	10	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER John L. Warfield

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Lumpkey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mr. Francis E. Baldwin

(Address) 2401 W. North Ave.

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1928 to Jan 16 1929

that I last saw her alive on Jan 16 1929

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast & Lungs

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes no Date of 2 yrs ago

Was there an autopsy?

What test confirmed diagnosis? Microscopical & Xray

(Signed) Thos. C. Slade M. D.

1/14 1929 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Jan 19 1929

20 UNDERTAKER Wm. Tickner Sons ADDRESS Mott & Pa

Spec.—2-29-28—L. F. S.—500 Bks.

E 41839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41839

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 3304 Windsor Ave (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank W. Miles

(a) RESIDENCE NO. 3304 Windsor Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Evalena L. Miles

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer J. Taneyhill & Bro.

BIRTHPLACE (city or town) (State or country) Upper Fairmount Md.

10 NAME OF FATHER Edw. S. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. Eugene L. Miles

(Address) 3805 Copley Rd.

FILED 19 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17-1929

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Jan 17 1929.

that I last saw h alive on Jan 17 1929

and that death occurred, on the date stated above, at 6.00 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Myocarditis - High blood pressure — Cerebral Hemorrhage End paralysis

about 6 mos. ds.

(duration) yrs.

CONTRIBUTORY (Secondary) Arterio - sclerosis - Cerebral Hemorrhage and paralysis about 6 mos. ds.

(duration) yrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S Tibbitt, M. D.

Jan 18 29 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	June 19 1929
20 UNDERTAKER (Address) W. J. Pickett & Son	ADDRESS North & Pa

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41840

E 41840

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 3212 Elgin Ave. 5th WARD)

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Estelle Horney Luke

(a) RESIDENCE NO. 3212 Elgin Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul B. Luke

7 DATE OF BIRTH (month, day, and year): Aug. 20 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Whitmore Md.

10 NAME OF FATHER: Wm. Daniel Horney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Laura J. Rosell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D ? Md

Informant: Mr. Paul B. Luke

(Address) 3212 Elgin Ave

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from 4/1, 19 2[illegible], to 1-17, 19 29.

that I last saw her alive on Jan 17, 19 29

and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cachexia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto G. Schumpert M. D.

1/18, 1929 (Address) 2806 Sisson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: Wm. Fletcher Sons ADDRESS: North & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 41841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-08 E 41841

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stub

(a) RESIDENCE No. 1833 Montford ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 25 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) not

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Stub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... EARSON JONES, M.D. Registrar

1-8-1929 RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 18, 1929, that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 7:52 m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

Post Influenzal

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray.

(Signed) James A Miller, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan 21 1929

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

E 41842

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 41842

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo. Balt. Gen. Hosp. STREET 1-29-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Ridge

(a) RESIDENCE NO. 715 W. Hamburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Ridge

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maintenance Man

(b) General nature of industry, business, or establishment in which employed (or employer) 08 11

(c) Name of employer Linden Block Corp.

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Ridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Sue Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Hospital Records

(Address)

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/29

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 19 29, to 1/17, 19 29

that I last saw him alive on 1/17, 19 29

and that death occurred, on the date stated above, at 10:25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - R.

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 715 W. Hamburg St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Fitzpatrick M. D.

1/22, 19 29 (Address) Lo. Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 21 1929

20 UNDERTAKER E. Schloman & Son ADDRESS 1089 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

E 41843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-09

E 41843

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Russell ST. 1-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gilbert S. Doan

(a) RESIDENCE NO. 913 Russell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Dec. 25 - 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16		18 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): D. C.

10 NAME OF FATHER: Isaac Doan

11 BIRTHPLACE OF FATHER (city or town) (State or country): D C

12 MAIDEN NAME OF MOTHER: Annie Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D. C.

Informant: Isaac Doan

(Address) 913 Russell st

1-29 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 19 29 to Jan 16 19 29

that I last saw him alive on Jan 16 19 29

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. N. Hatcher M. D.

1/16, 1929 (Address) 1 W Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion ct

DATE OF BURIAL: Jan 19 1929

20 UNDERTAKER: L. Brown & Son

ADDRESS: 838 W Mulberry

Spec.—2-29-28—L. F. S.—500 Bks.

E 41844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 41844

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Millington Lane ST. 20-69 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grace E Koehler

(a) RESIDENCE NO. 305 S. Millington Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1/26/96

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 048

(c) Name of employer

BIRTHPLACE (city or town) Laurel
(State or country) Pennsylvania

10 NAME OF FATHER Samuel Jr. Bond

11 BIRTHPLACE OF FATHER (city or town) Laurel
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Bradley

13 BIRTHPLACE OF MOTHER (city or town) Laurel
(State or country)

Informant Sarah M. Bond

(Address) 1007 4 St. West

Filed JAN 19 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17

I HEREBY CERTIFY, That I attended deceased from December 5, 19 28, to January 17, 19 29, that I last saw h or alive on January 17, 19 29, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Pathological

(Signed) Edw Neuhuber M. D.

1/18, 19 29 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 19 19 29
UNDERTAKER Elwood N. Fiske	ADDRESS Laurel

Spec.—2-29-28—L. F. S.—500 Bks.

E 41845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 41845

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Mt. Royal Terrace St. 13-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Perlman

(a) RESIDENCE NO. 2222 Mt. Royal Terrace St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie Long Perlman

7 DATE OF BIRTH (month, day, and year) Sept. 29, 1858.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Tobacco Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. David Perlman

(Address) 2222 Mt. Royal Terrace

Date 1/19/1929 C. MARTSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 18, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9th, 1928, to Jan 18th, 1929, that I last saw him alive on Jan 17th, 1929, and that death occurred, on the date stated above, at 2 00 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Bladder.

CONTRIBUTORY (Secondary) Arteriosclerosis Senile. (duration) yrs. 9 mos. ds.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Specimen

(Signed) Eugene Stepner, M. D.

, 19 (Address) 200 E. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem.

DATE OF BURIAL 1/20/ 1929

UNDERTAKER Harry Landsman

ADDRESS 18-20 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41846

CERTIFICATE OF DEATH.

E 41846

1-PLACE OF DEATH

City of BALTIMORE (No.) 822 Mc Henry St. (Street) (Ward)

2-FULL NAME Vancassus Jackson

(a) RESIDENCE NO. 822 Mc Henry St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Jackson

6 DATE OF BIRTH (month, day, and year): Unknown 1894

7 AGE: Years: About 40 to 45 — Months: 24 — Days: 57 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0/0

9 BIRTHPLACE (city or town): Ala.

(State or country)

PARENTS

10 NAME OF FATHER: Jeff. McCuttle

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ala

12 MAIDEN NAME OF MOTHER: Vandiver

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown.

14 Informant: James Jackson

(Address) 822 Mc Henry St

CHARLES JONES, M. D.

9 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193 Jan 17/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

1/19/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial: Jan 19 29

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS: 1125 Ashland Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41847 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41847

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 101-09

CITY OF BALTIMORE: (No. 1033 N Caroline ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Collins

(a) RESIDENCE NO. 1033 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edward Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Eliza Collins

(Address) 1033 N. Caroline

Filed 1-19 1929 Per EMERSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1929 to Jan 16 1929

that I last saw h alive on Jan 16 1929

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1-17 1929 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Jan 19 1929
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1720 Eastlander

Spec.—1-10-21—M&T—1500 Blks.

2215-52
E 41848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-01
E 41848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-50 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Brown

(a) RESIDENCE NO. 3206 Barclay ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced, (write the word): Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): July 28, 1916.
7 AGE: Years 13 Months 5 Days 19 — If LESS than 1 day, hrs. ... or min. ...
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER George Brown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER Pearl Wyatt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Friends
(Address)

Filed JAN 5 1929, 19 C. HARRISON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1929
17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 17, 1929, that I last saw her alive on Jan 17, 1929, and that death occurred, on the date stated above, at 11 55 A m.
The CAUSE OF DEATH* was as follows:
Pneumonia
Coma

(duration) ... yrs. ... mos. 7 ds.
CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.
18 Where was disease cntracted if not at place of death? At home
Did an operation precede death? No Date of ...
Was there an autopay? Yes
What test confirmed diagnosis?
(Signed) James Bradley M. D.
1-17, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side fnr additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stevens Cemetery
DATE OF BURIAL: Jan 21 1929
20 UNDERTAKER: Wm H. G. Elliott
ADDRESS: 1720 Oakland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 41849

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S Bouldin St ST., 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Jabczynski

(a) RESIDENCE NO. 923 S Bouldin St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 23 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor at

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Cooper Works

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Joseph Jabczynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Bobrowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Frances Jabczynski

(Address) 923 S Bouldin St.

Filed 1/19, 1929 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1929 to Jan. 17, 1929

that I last saw h alive on Jan 17 1929

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kurkowski, M. D.

1/18, 1929 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Standard Gdns	21 1929
20 UNDERTAKER	ADDRESS
John M Wilbert & Son	Chester

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41850

CERTIFICATE OF DEATH.

19 E 41850

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. (St.) 14-20 (Ward)

2-FULL NAME Catherine Leningham

(a) RESIDENCE NO. 1437 Penna Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Leningham

6 DATE OF BIRTH (month, day, and year): Apr 16-1905

7 AGE — Years: 23 Months: 9 Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): N. C. Jan 16

(State or country)

PARENTS

10 NAME OF FATHER: James Belcher

11 BIRTHPLACE OF FATHER (city or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Pollar Lewis

13 BIRTHPLACE OF MOTHER (city or town): N. C.

(State or country)

14 Informant: James Leningham

(Address): 1437 Penna Ave

15 Filed 9 1929 C. WILSON JONES, M. D. Registrar Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Jan 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns.

Accident

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Lamp exploded.

(duration) yrs. mos. ds.

(Signed) C. Wilson Jones M. D.

(Coroner)

Jan 16 1929 (Address) with Dr Y Davis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurelwood N.C. Date of Burial: Jan 19 1929

20 UNDERTAKER: Wm. H. Grace ADDRESS: 1400 Mich

Spec.—2-29-28—L. F. S.—500 Bks.

E 41851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00 E 41851

1—PLACE OF DEATH

REGISTERED NO. 21-45

CITY OF BALTIMORE: (No. 505 Glenwood ave ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura A. Cotton

(a) RESIDENCE NO. 505 Glenwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 9 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Cotton

DATE OF BIRTH (month, day, and year) Oct. 7-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Mrs E. Cotton

(Address) 2109 Lakeview.

Filed 1929 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Jan 16, 1929, that I last saw h[illegible] alive on Jan 16, 1929, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

Bronchio-Pneumonia

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. A. Bishop, M. D.

Jan 17. 1929 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 19 1929
20 UNDERTAKER	ADDRESS
Chas. S. Black	742 W North Ave

Spec.—1-10-21—M&T—1500 Rks.

216655 E 41852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (Ward) 16-22 37 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Heisler

(a) RESIDENCE No. 1912 N Gilmanour ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year) 8-6-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Weaver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 023

9 BIRTHPLACE (city or town) (State or country): Ga

PARENTS

10 NAME OF FATHER: Christian Heisler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed 1-19 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Jan 18, 1929, that I last saw he alive on Jan 18, 1929, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Pott's disease
cerebral arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Oskar Wiethaley M. D.

1-18, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL 1/21 1929

20 UNDERTAKER: I. Fenn McCully ADDRESS 130 E Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 41853

E 41853

CERTIFICATE OF DEATH.

X 44

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 7-13 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Berlin

(a) RESIDENCE NO. Norfolk, Virginia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Berlin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nathan Neidoff Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wdg Russ. Russia

14 Informant Harry Berlin Norfolk Va

(Address)

15 Filed JAN 19 1929 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/18/ 1929 to 1/18/ 1929

that I last saw her alive on 1/18/ 1929

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of [illegible] (?) with metastasis to liver & regional organs.

(duration) yrs 6 mos do.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs mos. do.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Burnstock M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk, Virginia	1-19- 1929

20 UNDERTAKER Jack Levin, 1439 E Balto. ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 41854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 41854

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. 1-10 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Piccirillo

(a) RESIDENCE NO. 402 S Rose ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Piccirillo

7 DATE OF BIRTH (month, day, and year): 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	044			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 037

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: John Contolieo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Montoleone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant

(Address) BALTIMORE CITY HOSPITALS

Filed 1 9 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/18/29

17 I HEREBY CERTIFY, That I attended deceased from 1/9, 19 29, to 1/16/29, 19 ; that I last saw h[illegible] alive on 1/16/29, 19 ; and that death occurred, on the date stated above, at 5 20A m.

The CAUSE OF DEATH* was as follows:

Pericarditis of Rheumatic Origin

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) H. M. Wade, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 21 1929
20 UNDERTAKER	ADDRESS
Paul F Corbett	1906 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41855

CERTIFICATE OF DEATH.

101-001

E 41855

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4412 Belair Road St. 27-41 Ward)

2-FULL NAME Henry Maley

(a) RESIDENCE NO. 4412 Belair Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Maley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Ohio

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

Informant Wilhelmina Maley

(Address) 4412 Belair Road

15 Filed_____, 19____ HARRISON JONES M. D.

Per _____ Registrar

9 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 18, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Pokorny, M. D.

19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Co. Jan 21 1929

20 UNDERTAKER — ADDRESS

Frank Gieselhorst & Son 1906 Gilmor

Spec.—1-10-21—M&T—1500 Bks.

E 41856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 S. Baylis St., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas E. Mullaney

(a) RESIDENCE NO. 1314 S. Baylis ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 31st 1928

7 AGE — Years: 8 Months: Days: 18

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Wm V. Mullaney

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Minnie Altvater

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Wm V. Mullaney (Father)
(Address) 1314 S. Baylis St.

15 Filed Jan 20 1929 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/15 , 19 , to 1/18 , 1929.

that I last saw h alive on 1/14 , 1929,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Ganell M. D.

1/20, 1929 (Address) 633-S-St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan. 19th 1929

20 UNDERTAKER: Lilly & Zeller Inc — ADDRESS: 1038 W. Mad St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41857

CERTIFICATE OF DEATH

3/E 41857

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2741 Wilkens Ave St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Bochmer

(a) RESIDENCE NO. 2741 Wilkens ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Bochmer

6 DATE OF BIRTH (month, day, and year) April 26, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	41	8	15 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work car inspector

(b) General nature of industry, business, or establishment in which employed (or employer) at the B. & O. R. R. 073

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick W. Bochmer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Lydia Bochmer

(Address) 2741 Wilkens Ave

1/19 1929 C. HAMPSON JONES, D. H. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 January 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 10, 1929, to January 17, 1929.

that I last saw him alive on January 17, 1929.

and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

for (duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) P. G. Dill M. D.

1/19. 1929 (Address) 1509 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Jan. 22. 1929

20 UNDERTAKER E. W. Dill — ADDRESS 3/19 Frederick Ave

Copies, Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41858

CERTIFICATE OF DEATH.

100 E 41858

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Calhoun ST. 14-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Meyers

(a) RESIDENCE NO. 327 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Penham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant C. C. Myers

(Address) 327 N. Calhoun St

15 Filed 1/19 1929 MARION JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929, to Jan. 17, 1929.

that I last saw her alive on Jan 17, 1929,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Buchheger, M. D.

1/18 1929 (Address) 37 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 21 1929

20 UNDERTAKER George J. Smith — ADDRESS 153 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41859 — 101-09 — E 41859

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Ellis

(a) RESIDENCE NO. 717 So Decker ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Jas -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Kreath
(Address) BALTIMORE CITY HOSPITALS

Filed JAN 19 1929 [redacted] Registrar

8161

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-29

17 I HEREBY CERTIFY, That I attended deceased from 1-7 1929, to 1-17 1929, that I last saw h[illegible] alive on 1-17 1929 and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Pneumococcic meningitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chyo of X-Ray

(Signed) H. M. Wilson M. D.

1929 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
[redacted] S HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS
Commissioner Health	JAN 19 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41860

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41860

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. 06-27 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sam Johnson

(a) RESIDENCE NO. Unknown ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Records
(Address) BALTIMORE CITY HOSPITALS

Filed [illegible], 19[illegible] [illegible] Registrar

9 1929

316

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Jan 18, 1929

that I last saw him alive on Jan 18, 1929

and that death occurred, on the date stated above, at 130 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.
Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremated and buried in Mt Zion	Jan 26-1929
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

JAN 19 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 41861 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41861

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Wilson

(a) RESIDENCE NO. 25 State ST., Rochester, N.Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0 to 0

BIRTHPLACE (city or town) (State or country): N. Y.

10 NAME OF FATHER: Henry Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Louise Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

Informant (Address): BALTIMORE CITY HOSPITALS

Filed 1929 C. HARRISON JONES, Registrar

9 1929 #163

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-15-29

17

I HEREBY CERTIFY, That I attended deceased from 1/11, 19 29, to 1-15, 19 29,

that I last saw him alive on 1-15, 19 29

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis; Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wilson, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Baltimore City Health Department

JAN 19 1929

Spec.—2-29-28—L. F. S.—500 Blks.

E 41862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41862

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 26 W 07 REGISTERED NO. 90

2—FULL NAME Christopher Hahn (Charles Hall)

(a) RESIDENCE NO. None ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) unknown

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 & C

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Records

(Address) BALTIMORE CITY HOSPITALS

Filed [illegible] 19 1929 C. E. [illegible] SON Jr. Registrar

No. 2163

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-29

17 I HEREBY CERTIFY, That I attended deceased from 7-18 . 19 27 . to 1-17 . 19 29 .

that I last saw him alive on 1-17 . 19 29

and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Senile deterioration -

Urinary incontinence, mental deterioration (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. M. Hurst M. D.

Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19

20 UNDERTAKER

ADDRESS

JAN 19 1929

Spec.—2-29-28—L. F. S.—500 Blks.

E 41863

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 41863

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 11-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Queen

(a) RESIDENCE NO. 105 Hopkins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Thomas Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) BALTIMORE CITY HOSPITALS

Filed JAN 19 1929, 19 C. HARRISON JONES, Registrar

3166

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/29

17 I HEREBY CERTIFY, That I attended deceased from 5/30, 19 28, to 1/14, 19 29, that I last saw h[illegible] alive on 1/14, 19 29 and that death occurred, on the date stated above, at 6:15 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
Peritonitis

Uncertain (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. H. Wolff, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
12 UNDERTAKER Commissioner Health	ADDRESS JAN 19 1929

Spec.—2-29-28—L. F. S.—500 Bks.

John Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41864

CERTIFICATE OF DEATH

3/ E 41864

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 909 Bayard St. ST. 21-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Brown

(a) RESIDENCE NO. 909 Bayard St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman on Boat

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Rolder

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

Informant Frank Brown

(Address) 2005 Fleet St.

Filed 1929 C. Harson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1929

17

I HEREBY CERTIFY, That I attended deceased from December 8th 28, 19, to Jan 4th, 19 29,

that I last saw h in alive on Jan 4th, 19 29,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Henderson, M. D.

1/19, 1929 (Address) 24 N. Judkin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	1/21 19 29
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41865

CERTIFICATE OF DEATH

101-001

E 41865

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.) Mercy Hospital (St.) 9-46 (Ward)

2-FULL NAME William L. Shriver

(a) RESIDENCE NO. 3704 Hommood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. —ds. —How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	W'hite	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Shriver

6 DATE OF BIRTH (month, day, and year) Dec 11 1841

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	87	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 045

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Philip Shriver

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Beatrice Shriver

(Address) #3104 Homewood ave

15 Filed N 20 1929 19 [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/17/29, 19 to 1/19/29, 19

that I last saw h[illegible] alive on 1/19/29, 19

and that death occurred, on the date stated above, at 11 50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Southern Cemetery Reisterstown — Date of Burial Jan 22 1929

20 UNDERTAKER J. F. Cline Reisterstown Md — ADDRESS

Copy and Transcription on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41866

CERTIFICATE OF DEATH

E 41866

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Shriner

(a) RESIDENCE NO. St. Vincent's Infant Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 months yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1, 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frostburg Md

10 NAME OF FATHER David Shriner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Tighe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant St Vincent's Infant Asylum

(Address) Reisterstown Road

Filed JAN 20 1929 ELLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 18, 1929, that I last saw h.. alive on Jan 18, 1929, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Tonsillar Pharyngeal Diphtheria

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Pos. Culture

(Signed) Myron G Zell, M. D.

1/19, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Sepulchre	1-20-29
UNDERTAKER Martin Fahey Sons	ADDRESS 1837 Park Ave.

E 41867

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41867

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2111 Brookfield Ave 3-59 St. 90 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lena Carter

(Residence in Baltimore: No. 2111 Brookfield Ave St. 35 yrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month) (Day) 1846 (Year)

7 AGE: 83 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Lewis

(Address) 1439 E Baltimore St

15

Filed JAN 20 1929, 19... [illegible] JONES, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 18 (Day), 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 18 1929, that I saw h.e alive on Jan 18, 1929, and that death occurred on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) not known yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

Jan 19, 1929. (Address) Herman Seidel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Herman Rosedale DATE OF BURIAL: Jan 20 1929

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

E 41868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-0014 41868

E 41868

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Warsharsky

(a) RESIDENCE NO. 233 N. Patt. Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15/1916

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	13	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis Warsharsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rena Sosinsky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Balto., st

15 Filed JAN 20 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia - Influenza

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
(Coroner)

1/19/29 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Rosedale — Date of Burial 1-20-1929

20 UNDERTAKER Jack Lewis, 1439 E. Balto. st — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 41869

CERTIFICATE OF DEATH.

90 E 41869

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Ashgrith St., 5-K Ward)

2-FULL NAME Bertha Walters

(a) RESIDENCE NO. 202 Ashgrith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Walters

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 78; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Harry Walters (Address) 202 Ashgrith

15 Filed JAN 20 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, that I attended deceased from July 15, 1928, to Jan. 18, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/19, 1929 (Address) 6040 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohel Sholam Ann — DATE OF BURIAL 1/20 1929

UNDERTAKER: Jack Laurs — ADDRESS 1439 E Baltimore

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41870

CERTIFICATE OF DEATH

90

E 41870

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 W. Lexington St. 18-26 WARD)

2—FULL NAME Hannah Dubowitz

(a) RESIDENCE NO. 1100 W. Lexington St. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sprayer Dubowitz

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 027

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Morton Krumberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Yetta —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: M. Sprayer

(Address): 1100 W. Lexington

Jan 20 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18/29

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Jan. 18, 1929 that I last saw her alive on Jan. 18, 1929 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

mitral insufficiency
arterio sclerosis
chronic myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical. Lab.

(Signed) R. G. Michelson, M. D.

Jan 19, 1929 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 1-20-1929

20 UNDERTAKER: Jack Lewis, 1439

ADDRESS: E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 41871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41871

41871

11-001

15-54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gitta Schlosberg.

(a) RESIDENCE No. 3738 Park Heights Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Joseph Schlosberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Schlosberg (Address) 3738 Parkheights Ave

15 Filed JAN 20 1929 [illegible] M. D. Registrar

N 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1929 to Jan. 19 1929.

that I last saw her alive on Jan. 19 1929.

and that death occurred, on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Zimmerman M. D.

1/19, 1929 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 1-20- 1929

20 UNDERTAKER Jack Louis, 1439

ADDRESS E Balto St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41872

CERTIFICATE OF DEATH

74-001

E 41872

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 S. Highland Ave ST. 16-2 WARD)

2—FULL NAME Josiah J. Willhide

(a) RESIDENCE NO. 309 S. Highland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. - mos. - ds. How long in U. S., if foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

7 DATE OF BIRTH (month, day, and year) July 14, 1852

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	77	0	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER John Willhide

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susannah Holt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Mary F. Brady

(Address) 309 S. Highland Avenue

Filed 2-8 1929 G. MARION JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 2, 1929, to Jany 18, 1929.

that I last saw him alive on Jany 18, 1929

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. R. Pohlmeyer M.D.

1/29, 1929 (Address) 330 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/21 19 29
20 UNDERTAKER Henry H. Mears & Son	ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41873

CERTIFICATE OF DEATH

11-001 E 41873

12-49

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3405 Greenway ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susie D. Harper

(a) RESIDENCE NO. 3405 Greenway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 14 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Harper

7 DATE OF BIRTH (month, day, and year) Jan. 5, 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	0	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Peter Dilworth

11 BIRTHPLACE OF FATHER (city or town) Tyrone Co.
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma L. Mears

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant C. Morgan Marshall

(Address) Garden Apartments

Filed JAN 20 1929 C. Morgan Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 19 29, to Jan 19th, 19 29,

that I last saw her alive on Jan 14th, 19 29

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sym & symptoms

(Signed) Chas. E. Packard, M. D.

Jan 19, 1929 (Address) 300 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	1/21 19 29
20 UNDERTAKER Henry U. Meades & Son	ADDRESS 805 N. Calvert

Misc.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 E 41874 — 74-09 — E 41874

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 So. Gilmor ST., 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George J Meredith

(a) RESIDENCE NO. 409 So. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella, Mooney.

DATE OF BIRTH (month, day, and year) Nov 4th 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57.	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill hand.

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md.

10 NAME OF FATHER John Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Richardson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mrs. Ella Meredith.

(Address) 409 So. Gilmor St.

Filed JAN 20 1929 C. Pinkett Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18th 1929

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Jan 18, 1929.

that I last saw h alive on 1/17, 1929

and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

1st June 26-1928-Almost complete recovery -2 nd Stroke 2d. (duration) 3 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension. (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. A. Sigrist, M. D.

, 19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter's Cem	Jan 21st 1929
20 UNDERTAKER	ADDRESS
Thos. J Corcoran & Son	901 Hollins St

S[illegible]—2-29-28—L. F. S.—500 Bks.

E 41875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 E 41875

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 McPhail St. ST. 20-64 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George F. Kilby

(a) RESIDENCE NO. 131 McPhail St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 24 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June. 27, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	24 ? ?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Robert G. Kilby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Vola M. Arnal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr. Robert G. Kilby

(Address) 131 McPhail St.

Filed [illegible] 19 [illegible] Registrar

1 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1929, to Jan-19., 1929.

that I last saw him alive on Jan. 18., 1929.

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tetany Infantum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Klassing, M. D.

. 19 (Address) 3204 Presbury St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/21/29 19

20 UNDERTAKER Wm. J. Fritsch

ADDRESS 153 N. Fremont Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Betty G Eppers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41876

CERTIFICATE OF DEATH.

E 41876

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2304 Kenoak Road St. 17-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty G. Eppers.

(Residence in Baltimore: No. 2304 Kenoak Road, St.; 81 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug. 19, 1845 (Month) (Day) (Year)

7-AGE, 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Conrad Oster.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Herbert E. Collins

(Address) 2304 Kenoak Road.

15-

Filed ..... 1929 ..... Registrar.

N 20 1929

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1929. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1928, to January 17 1929, that I saw h alive on January 16 1929, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Senile Atrophy

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) yrs. mos. 10 ds.

(Signed) Ralph Lobagh M. D.

Jan 18, 1929 (Address) 26 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden

DATE OF BURIAL, June 21, 1929

20-UNDERTAKER Lehnowitz Bros

ADDRESS 1405 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41877

CERTIFICATE OF DEATH.

101-001

E 41877

1-PLACE OF DEATH

REGISTERED NO. 13-52

City of BALTIMORE: (No. 905 W. 36th St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Shaffer

(a) RESIDENCE NO. 905 W. 36th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Shaffer

6 DATE OF BIRTH (month, day, and year) Sept 21, 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floor Girl Laundry

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co Md

(State or country)

PARENTS

10 NAME OF FATHER Roy Ahrens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co, Md

12 MAIDEN NAME OF MOTHER Hattie Tite

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co, Md

14 Informant Hattie Ahrens

(Address) 905 W. 36th St

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1929, to 1-18, 1929, that I last saw h.e alive on 1-18 1929, and that death occurred, on the date stated above, at 5 35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. W. Wilson, M. D.

, 19 (Address) 823 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Pine Grove Balto Co Jan 21 1929

20 UNDERTAKER — ADDRESS

Ehrenworth & Son Edmondson Ave

Bur.—2-29-28—L. F. S.—500 Bks.

E 41878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41878

CERTIFICATE OF DEATH

100-81

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3631 Chestnut Ave ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rita Frances Blum

(a) RESIDENCE NO. 3631 Chestnut Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 26 - 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) md.
(State or country)

10 NAME OF FATHER Charles Blum

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Grandy

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

Informant Charles Blum

(Address) 3631 Chestnut Ave

Filed JAN 21 1929 NATHAN JONES, M.D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 19, 1929, that I last saw h[illegible] alive on Jan 18, 1929 and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J Schmit, M. D.

1/19, 1929 (Address) 701 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 21, 1929
20 UNDERTAKER	ADDRESS
Ehrenworth Son	3[illegible] Chestnut Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41879

CERTIFICATE OF DEATH

123

E 41879

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Mary Thomas

(a) RESIDENCE NO. 1336 Linden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas

6 DATE OF BIRTH (month, day, and year) Feb 28, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 yrs	10	28 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) " 037

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Henry Hilsby

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

Informant Daughter ?

(Address) Same

C. ELTON JONES
Registrar

JAN 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan 18, 1929,

that I last saw her alive on Jan 18, 1929,

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

(1) Tuberculosis of cholelithiasis

(2) Cardiac Degeneration

(3) Obesity

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 1-9-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) E. W. Lebsinger, M. D.

, 19 (Address) So. Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Jan 21 1929

20 UNDERTAKER Chas L. Evans

ADDRESS 1305 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 41880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41880

CERTIFICATE OF DEATH.

99-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Rosyln Ave ST.) 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan A. Hunley

(a) RESIDENCE NO. 2205 Rosyln Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm R. B. Hunley

6 DATE OF BIRTH (month, day, and year) Nov 26th 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Matthews Co Va

PARENTS

10 NAME OF FATHER John Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Ransom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Miss Lucy Hunley

(Address) 2205 Rosyln Ave

15 FILED JAN 20 1929 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1929 to Jan. 18 1929

that I last saw her alive on Jan. 18 1929

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Uremia – about 72 hours.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? —— Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G Carroll Lockard M.D.

1929 (Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemt DATE OF BURIAL Jan 21st 1929

20 UNDERTAKER R Entwisle & Son ADDRESS 1723 W Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41881

CERTIFICATE OF DEATH

45 ✓

E 41881

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF ~~BALTIMORE~~ (No.) Baltimore City Hospitals ST., 24-33 (WARD)

2—FULL NAME Daniel Bowers

(a) RESIDENCE NO. 1000 William ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Not Known

AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 040

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Samuel Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Friends

(Address)

FILED JAN 20 1929 HERBERT JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1929, to 1-18, 1929, that I last saw him alive on 1-18, 1929, and that death occurred, on the date stated above, at 10.50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

Metastasis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

Secondary Anemia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & X Ray

(Signed) H. Hill Wood M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: June 21 1929

20 UNDERTAKER: Henry Stock & Son

ADDRESS: 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 41882

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1208 E. Eager ST. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Philip A. Strassberger

(a) RESIDENCE NO. 1208 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 19 ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helena R. Strassberger

7 DATE OF BIRTH (month, day, and year) July 29 1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	78	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Strassberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Kaiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Helena R. Strassberger

(Address) 1208 E Eager St

Filed [illegible] 1929 [illegible] Registrar

JAN 29 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Jan 18, 1929, that I last saw h im alive on Jan 17 9 45 A 1929 and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (Rt. Lower)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation - Auricular Fibrillation (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Thomas Corcoran M. D.

1/19, 1929 (Address) 1001 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 21 1929
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Blks.

Baker Dr Ferguson 2439 Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41883

CERTIFICATE OF DEATH

+74-001

E 41883

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Southern Hosp. ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Baker

(a) RESIDENCE NO. Harford Rd + Taylor Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Baker

DATE OF BIRTH (month, day, and year) Nov. 17, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Receiving Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Schindler & Co.

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Harry M. Baker

(Address) Mountain Ave + Sayer Rd

01929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18. 1929

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to Jany 18, 1929,

that I last saw h. alive on Jany 18, 1929

and that death occurred, on the date stated above, at 11:5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs etc

(Signed) H. Wagram, M. D.

, 19 (Address) 724 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1 22 1929

20 UNDERTAKER D M Cook

ADDRESS 2174 Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 41884 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41884

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 12-50 WARD)

2-FULL NAME Fannie Eaton

(a) RESIDENCE NO. 4-B Pinkney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lacey Eaton

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE — Years 69 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self 69

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Jas Headman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Cassie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

PARENTS

14 Informant Friends (Address)

15 Filed 2 6 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 1925, to 1-18, 1929 that I last saw her alive on 1-17, 1929 and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis; arteriosclerosis Hypertension (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Phyrd 2nd M. Wash, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/21 1929

20 UNDERTAKER W M Cook

ADDRESS 1217 E Lond

Spec.—1-10-21—M&T—1500 Bks.

G E 41885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41885

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ruth Warfield

(a) RESIDENCE NO. 852 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Warfield

6 DATE OF BIRTH (month, day, and year) Sept 23. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home Nephew Warfield

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James H Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Stanley Warfield

(Address) 852 Ramsay Street

15 Filed 2-6 1929 19 C. BLAIR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19. 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/14, 1929, to 1/19/, 1929,

that I last saw h[illegible] alive on 1/19/, 1929,

and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No ... Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical course

(Signed) J. H. Carlson, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edenburg Cemetery Co. DATE OF BURIAL 1/22 1929

20 UNDERTAKER William Cook ADDRESS 1317 Park Ave

Form 10c—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

221 E 41886 — 101 - E 41886

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Hand

(a) RESIDENCE No. 2529 E Oliver St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Jean Hand

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Theodore Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jennie Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 20 1929 C. BLAYTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 18, 1929, that I last saw h alive on Jan 18, 1929, and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease, Myocardial failure, Pulmonary infarct, Cerebral embolism

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism, pulmonary infarct

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/20, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Y. Carmel — DATE OF BURIAL 1/21/1929

20 UNDERTAKER Philip Herwig — ADDRESS 2010 Orleans St

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41887

CERTIFICATE OF DEATH

100-001

E 41887

1—PLACE OF DEATH Balto City Hosp't REGISTERED NO. 6-10

CITY OF BALTIMORE: (No. Balto Md. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Bloss

(a) RESIDENCE NO. 103 N. Rose St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of — —

DATE OF BIRTH (month, day, and year) Dec 16/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40		1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 40

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Bloss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Seind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Balto City Hosp't

(Address) Balto Md.

Filed JAN 20 1929 Harrison Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17

I HEREBY CERTIFY, That I attended deceased from 12-15, 1928, to 1-18, 1929

that I last saw h. liv. alive on 1-17, 1929

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Cardiac Failure

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Post Febrile + Toxic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings

(Signed) Harry Fredmund, M. D.

1/18, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

20 UNDERTAKER Philip Henrig

DATE OF BURIAL 1/21/1929

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

E 41888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 41888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Powelldale Ave ST. 27 47 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gordon Davids

(a) RESIDENCE No. 4405 Powell dale Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 16/29

7 AGE — Years | Months | Days: 3 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Davids

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eva Hands

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Frank Davids
(Address) 4405 Powell dale ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 19, 1929, that I last saw h— alive on Jan 17, 1929, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Prematur - due to Influenza of Mother

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Dalas Physical Signs

(Signed) Elliott Richardson, M. D.

1/19, 19 29 (Address) Govans Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 1/21 1929

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41889 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41889

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1614 E. Oliver ST. 8-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Reed Haman

(a) RESIDENCE NO. 1614 E. Oliver ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Haman

DATE OF BIRTH (month, day, and year) Oct 10, 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69 70		3	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage Owner

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Haman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Gourley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs A Haman

(Address) 1614 E. Oliver St

Filed Jan 21 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 18, 1929

that I last saw him alive on Jan 18, 1929

and that death occurred, on the date stated above, at 9.23 p.m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac debility. Arterio sclerosis

heart block & myocarditis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Neal MacMurchy M. D.

, 19 (Address) 2147 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jany 21, 1929

20 UNDERTAKER Robt L. Turner & Bro

ADDRESS 1442 N. Broadway

Spec.—1-12-23—M&T—500 Blks.

E 41890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 41890

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Carrollton ave ST. 76 WARD)

2-FULL NAME Anne Branson

(a) RESIDENCE NO. 506 Carrollton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A Branson

6 DATE OF BIRTH (month, day, and year) June 15, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Owings Mills Md

10 NAME OF FATHER Nicholas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md, Baltimore Co,

12 MAIDEN NAME OF MOTHER Louise Fairfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co,

PARENTS

14 Informant Anna Hamble

(Address) 506 Carrollton ave

15 (Date) JAN 20 1929

C. Hampson Jones, M. D. Registrar

COMMISSIONER OF HEALTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 18, 1929, that I last saw her alive on Jan 17, 1929 and that death occurred, on the date stated above, at 5:10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Rt. Side Brain (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, (duration) ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Thos. H. Wright, M. D.

19, 1929 (Address) 1709 Portsmouth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest Cemetery	Jan 20 1929
UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41891

REGISTERED NO. 129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Oakland Ave. ST. 27-48 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Hawken Jones,

(a) RESIDENCE NO. 505 Oakland Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 13, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

10 NAME OF FATHER Roy Jones,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary M. Stone,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Julian F. Shenton

(Address) 505 Oakland Ave

Filed N 20 1929 C. HAWKEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 19, 1929, that I last saw her alive on Jan. 19, 1929 and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon, M. D.

1/20, 1929 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	19
20 UNDERTAKER Geo W Little	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 41892 HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 41892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 427 Kenneth Square St. 37-48 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emerita Gardner Constantine

(a) RESIDENCE NO. 427 Kenneth Square ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Constantine

6 DATE OF BIRTH (month, day, and year) May 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	73	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick Nagle

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Amey

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mrs R. F. Phillips

(Address) 427 Kenneth Square

Filed JAN 20 1929 C. HAMPSON JONES, JR. Registrar

Ref. 5 Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 .1929. to Jan. 19 .1929.

that I last saw her alive on Jan. 19 .1929.

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Br. Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) M E Cole, M. D.

1-19. 1929 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 19

20 UNDERTAKER Leo W Little

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41893

74-001

E 41893

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 502 N. Highland Ave. St. 26-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helena M. Wolf.

(a) RESIDENCE NO. 502 N. Highland Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Widow.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Wolf.

DATE OF BIRTH (month, day, and year) Feb. 22, 1850.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78,	10,	28.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Anna C. Bell.

(Address) 502 N. Highland Ave.

JAN 20 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 18, 1929.

that I last saw h w alive on Jan 14, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Anna B Lyman, M. D.

1/19, 1929 (Address) 718 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 21 1929
20 UNDERTAKER	ADDRESS
C. Edward Evans	38 E. Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 327 S. 22nd St. St. 17-50 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Walter Chapman

(a) Residence No. 327 S. 22nd St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Brooks Chapman

6-DATE OF BIRTH (month, day and year) Feb 22 1884

7-AGE. 44 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Builder

(b) General nature of industry, business, or establishment in which employed (or employer). 016

(c) Name of employer. Interstate Homes Inc.

9-BIRTHPLACE (city or town) (State or Country). Litchfield Minn.

PARENTS.

10-NAME OF FATHER. Geo H. Chapman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER. Ellen N. Agnew

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Vermont

14- (Informant) Mrs. Geo H. Chapman (Address) 327 S. 22nd St.

15- Filed 1929 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 18 1929

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 18, 1929, that I last saw h[illegible] alive on Jan 18, 1929, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Exhaustion

T. Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clara Jones, M. D.

Jan 22 1929 (Address) 1206 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral	1/21 1929
20-UNDERTAKER.	ADDRESS
J. J. Paley & Sons	1318 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41895
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001 E 41895

City of BALTIMORE: (No. 306 N. Biddle St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ferris

(a) RESIDENCE NO. 306 N Biddle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): abt. 1879

7 AGE: Years: abt. 49 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Wesley Ferris

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Lydia Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Etta Clark

(Address) 517 Eastfordale

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17th (Signed) F. C. Luck M. D.

Jan 19 29 (Address) North Ave & Dimmick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: 1/21 1929

ADDRESS: 318 Eutaw Pl

20 UNDERTAKER: L. T. Tabor & Sons

Registrar

Per

N 20 1929 C. HAMPSON JONES, M. D.

Spec.-7-17-24-A.Co.-200 Bks.

E 41896 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41896

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 46

City of BALTIMORE: (No. 1000 Caton Ave. St. 27-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Richards

(a) RESIDENCE NO. 423 Charter Oak Ave St. Ward

(Usual place of abode) about

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town)

(State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Robt. F. Richards

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Montgomery

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Jenkins Memorial Hospital

(Address) 1000 Caton Ave

15 Filed JAN 20 1929 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Jan 19, 1929, that I last saw h[illegible] alive on Jan 18, 1929, and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Ovary.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Oct 27-1928

Was there an autopsy? No.

What test confirmed diagnosis? Pathological.

(Signed) W. M. Ernisse, M. D.

. 19 (Address) 20 Agnes Court.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Mary's (Govans)	1/21/29 19
20 UNDERTAKER Mary M. Wakefield	ADDRESS 501 E 22 St.

Key important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41897

CERTIFICATE OF DEATH

90 E 41897

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Markley av. 27-42 WARD)

2—FULL NAME James R. Buckingham Sr.

(a) RESIDENCE NO. 2915 Markley av. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Annie Buckingham

DATE OF BIRTH (month, day, and year): April 0

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: James Buckingham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Annie Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Annie Buckingham

(Address) 2915 Markley av.

N.20 1029 PHT C. HAMPSON JONES, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Jan 18 1929

that I last saw h alive on Jan 18 1929

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

& arteriosclerosis & nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith, M. D.

, 19 29 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 21 1929
20 UNDERTAKER	ADDRESS
George F. Rudd	1735 Harford av

Spec.—1-12-23—M&T—506 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41898

CERTIFICATE OF DEATH.

90

E 41898

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 95-13 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George J. Quinn

(a) RESIDENCE NO. 1527 Poplar ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced (or) WIFE of HUSBAND of not given

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Polisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 20 1929 H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 19 1929

17 I HEREBY CERTIFY, That I attended deceased from 10 - 4, 1926, to 1 - 19, 1929, that I last saw him alive on 1 - 19, 1929 and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Chr. myocarditis; Hypertension; old Hemiplegia, left (duration) 2 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. W. Keefer, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 22 1929
19 UNDERTAKER	ADDRESS
Geo. J. Rutt	1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 41899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41899

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2739 Pennsbury ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Fee [Fee]

(a) RESIDENCE NO. 2739 Pennsbury St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Fee.

7 DATE OF BIRTH (month, day, and year): Dec. 21-186

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	27	X

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Baker. 003

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Caleb Fee.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimd

12 MAIDEN NAME OF MOTHER: Anna Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Md

Informant: Mary. Fee.

(Address): 2739 Pennsbury ST.

Filed: HAR[illegible] M.

Registrar

N 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 17, 1929, that I last saw him alive on Jan 17, 1929, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchitis Asthma

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Plantfield

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? Diagnosis

(Signed) Emile Wheeler, M. D.

1-18, 1929 (Address) 2029 Wilmot Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wood Lawn County.	Jan. 21 1929
20 UNDERTAKER	ADDRESS
George F. Ruth	1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41900 ✓ 44 E 41900

E 41900

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1857 N Stricker St. 9-17 WARD)

2-FULL NAME Mary Curtis

(a) RESIDENCE NO. 1857 N Stricker St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	c	Widowed

5a ~~Married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of P. Curtis

6 DATE OF BIRTH (month, day, and year) 12/9/1853

7 AGE	Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min.~~
	75	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ed. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma Green (Address) 1851-N Stricker St.

15 Filed ..... 19 ..... C. HAMPSON, JR., M. D. Registrar

Jan 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Jan 18, 1929, that I last saw h[illegible] alive on Jan 17, 1929, and that death occurred, on the date stated above, at 11-0 m

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum and Stomach

(duration) yrs. 6 mos 2 ds.

CONTRIBUTORY (Secondary) Senility Condition (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. F. Hall, M. D.

19 (Address) 426 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Jan 22 1929

20 UNDERTAKER George J. Pfeltz

ADDRESS 1730 Harford

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41901 ✓ 90 E 41901

CERTIFICATE OF DEATH

E 41901

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 3-4

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Stumptner (Stumptner)

(a) RESIDENCE NO. 502 So Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: George Stumptner

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ~~None~~ 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Sebastian Lind

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: BALTIMORE CITY HOSPITALS

(Address) [redacted]

Filed [illegible] 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-19-29

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1929, to 1-19, 1929, that I last saw h[illegible] alive on 1-19, 1929 and that death occurred, on the date stated above, at 3:00 PM m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological Examination

(Signed) H. W. Stuck M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery.	Jan. 22. 1929
20 UNDERTAKER	**ADDRESS**
George F. Ruth	1735 Harford

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41902

CERTIFICATE OF DEATH

40 E 41902

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1026 N. Gay St. 7-13 ST., WARD)

2—FULL NAME Pane Panzarella.

(a) RESIDENCE NO. 1026. N. Gay. St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Panzarella.

6 DATE OF BIRTH (month, day, and year): Aug. 15, 1860

7 AGE: Years 68; Months 5; Days 2; If ~~LESS than~~ 1 day ~~hrs. or min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Angelo Panzarella.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Braidenz. Flavia.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

Informant: R. Panzarella.

(Address) 1026 N. Gay st

Filed JAN 20 1929 H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 17, 1929

that I last saw h~~im~~ alive on Jan 17, 1929

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cardio Renal disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Lindley L Attadeata, M. D.

1-18, 1929 (Address) 1038 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer cemetery	Jan. 21 1929
20 UNDERTAKER	ADDRESS
Geo. F. Kuth	1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

E 41903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41903

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Kathland St. 28-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine M Waltz

(a) RESIDENCE NO. 4509 Kathland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced (or) WIFE of Jacob M Waltz

6 DATE OF BIRTH (month, day, and year) March 9 45

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.... min.
	83	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER C Pope

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Seibler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Walter C Collier
(Address) 4509 Kathland

15 Filed JAN 20 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Jan 18, 1929.

that I last saw h~~e~~r alive on Jan 17, 1929.

and that death occurred, on the date stated above, at 2.30p m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 2 yrs ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo B Shannon, M. D.

1/19/29 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Jan 21 1929

20 UNDERTAKER W M Routson

ADDRESS 2258 N Smith

Spec.—1-10-21—M&T—1500 Bks.

E 41904 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 41904

CERTIFICATE OF DEATH. × 71-001

1-PLACE OF DEATH St Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 44-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Green

(a) RESIDENCE NO. St Vincents Infant Asylum ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) ~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 24, 1924

7 AGE Years 4 Months 3 Days 27 If LESS than 1 day, hrs. or min. 75

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Walter Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rose Gyulatosi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant St. Vincents Infant Asylum (Address) Lafayette Ave + Division

15 Filed JAN 21 1929 19 C. HAMPSON JONES, Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18-, 19 29. to 1-19-, 19 29.

that I last saw h in alive on 1-19-, 19 29

and that death occurred, on the date stated above, at 3 20 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gr. Puncture + autopsy

(Signed) A M. Corcoran M. D.

, 19 (Address) St Agnes Hosp Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md. DATE OF BURIAL Jan 20, 29

20 UNDERTAKER Wm Fleteher Sons Mondt Pa ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41905 — CERTIFICATE OF DEATH — E 41905

BALTIMORE CITY HOSPITALS

100-901

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHN HOPKINS ST. 25-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ekin Mehmet Muzaffer (Entire Boy)

(a) RESIDENCE NO. 1428 Chunk St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1877

8 AGE: Years 52 — Months — Days — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Turk.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Turk

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Turk

Informant (Address)

Filed JAN 21 1929, C. HAMPSON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/29

17 I HEREBY CERTIFY, That I attended deceased from 1/8, 19 29, to 1/16, 19 29, that I last saw h alive on 1/16, 19 29, and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 wk. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Van Slyck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a.a.c.	Jan 21 1929
20 UNDERTAKER	ADDRESS
John Grebliunakas	423 S Paca St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41906 E 41906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1229 William St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Bouchard.

(a) Residence No. 1229 William St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 13 1927

7-AGE. 1 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mover

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Fred. Bouchard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Mass.

12-MAIDEN NAME OF MOTHER, Delonia Starr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14 (Informant) Fred Bouchard

(Address) 1229 William St

15- Filed JAN 21 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1929 to Jan 18 1929

that I last saw h.. alive on Jan 18 1929

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M. D.

1/20 1929 (Address) 1229 William St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	1-31 1929
20-UNDERTAKER, E & B Hasle 115	ADDRESS E West St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41907

CERTIFICATE OF DEATH.

74-001

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 Burgundy St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Tyler

(a) Residence No. 804 Burgundy St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marian Tyler

6-DATE OF BIRTH (month, day and year): May 1 1865

7-AGE: 63 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Peter Stein

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany.

14- (Informant) Marian Tyler. (Address) 804 Burgundy.

15- Filed JAN 21 1929 C. HAMPSON JONES, M.D. Registrar. Rec'd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-18-29

I HEREBY CERTIFY, That I attended deceased from Jany 15 1929 to Jany 18 1929

that I last saw her alive on Jany 18 1929

and that death occurred, on the date stated above, at 12.30 P M

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Headache M.D.

1/19 1929 (Address) 62 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Valley Cemetery

DATE OF BURIAL: 1-21 1929

20-UNDERTAKER: Bernard C Harlan

ADDRESS: 1000 S Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

E 41908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41908

CERTIFICATE OF DEATH

REGISTERED NO. 20091

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 N. Monroe St. (WARD) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emelia A. Geerdes

(a) RESIDENCE NO. 10 N. Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 10 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas F. Geerdes

7 DATE OF BIRTH (month, day, and year): Feb 28th 1843

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: John Riddel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bachmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Geo. Paul

(Address) 10 N. Monroe St

Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/18/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1929, to Jan 18, 1929.

that I last saw h... alive on ....., 19..

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Thos Stoag, M. D.

1/20, 1929 (Address) Edgewood Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 21st 1929

UNDERTAKER: H. R. Hilpert

ADDRESS: 1850 N. Caroline St

Spec.—1-10-21—M&T—1500 Blks.

Dec Registered 1925 43

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41909

CERTIFICATE OF DEATH.

101001 V 1885

E 41909

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 67)

2-FULL NAME Mrs Rena Beach

(a) RESIDENCE NO. 3105 Belmont Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edward Beach

6 DATE OF BIRTH (month, day, and year) Oct 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Anton Bossert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Hechmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) 121 Millard St

Filed JAN 21 1929 C. HAMBLETON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1929, to Jan. 20, 1929, that I last saw her alive on January 20, 1929, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clynical

(Signed) Dr. Victor Goldberg M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON-PARK-CEMETERY — DATE OF BURIAL: 1/23/29

UNDERTAKER: F. D. Wappett — ADDRESS: 1800 N. Arlington Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Ellen Hemming
Forest Park Cemetery

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41910

CERTIFICATE OF DEATH

REGISTERED NO. E 41910

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1603 Mc KENN-AVE (STREET AND WARD)

2—FULL NAME Barbara J. Baker

(a) RESIDENCE NO. 1603 McKenn Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

Jan 18 29

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Daniel Baker

7 DATE OF BIRTH (month, day, and year): May 15th 1865

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (City or town) (State or country): Balto. Md

10 NAME OF FATHER: Wm Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Nancy Jane

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

Informant: Roland S. Lewis

(Address) 2117 Edmondson St

Filed ..... 19 ..... Registrar

THOMPSON-JONES, M.

21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18th 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 18, 1929.

That I last saw her alive on Jan 18 — 1929

and that death occurred, on the date stated above, at 2.05 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

Mitral Stenosis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Ellen Hemming, M. D.

1/19, 1929 (Address) 2000 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 21 1929
20 UNDERTAKER	ADDRESS
H. B. Nippert	150 N Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41911

45 E 41911

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 & 8 Poplar Grove St. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Antony Smith

(a) RESIDENCE NO. 115 & 8 Poplar Grove St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth A. Smith

7 DATE OF BIRTH (month, day, and year): Sept 22nd 1863

8 AGE: 65 Years | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): 013

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Rachel Smith

(Address) 1528 Poplar Grove St.

Filed JAN 21 1929, 19

C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19-1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Jan 19, 1929,

that I last saw him alive on Jan 9, 1929,

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Operation in May 1928

(Signed) J. H. Zerbe M. D.

Jan 19, 1929 (Address) 115 & 8 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Jan 23 1929

20 UNDERTAKER: H. S. Waybright

ADDRESS: 1850 N. Gilmor St

Spec.—2-29-28—L. F. S.—500 Bks.

E 41912
KREIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 ✓ E 41912

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hosp REGISTERED NO. 12-50

CITY OF BALTIMORE: (No. Howard & Madison St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Kreis

(a) RESIDENCE NO. 335 E 25th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Miller Kreis

DATE OF BIRTH (month, day, and year) June 14th 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6 7	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work mail clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm Kreis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Hospital Records.
(Address)

JAN 21 1929 CLAYTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928 to Jan 19, 1929 that I last saw h alive on Jan 19-0, 1929 and that death occurred, on the date stated above, at 3.30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec 29, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation & Culture

(Signed) H Kleinfelmaider, M. D.

1/19, 1929 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 22 1929
20 UNDERTAKER	ADDRESS
Margaret G Flynn	1422 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Light ST.) 23-33 WARD)

REGISTERED NO. 129 E 41913

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M. McCroden

(a) RESIDENCE NO. 1426 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. McCroden

DATE OF BIRTH (month, day, and year) Feb. 1. 1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	11	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) W. Va.

10 NAME OF FATHER Michael Moyland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. L. P. Smith

(Address) 1426 Light St.

FILED JAN 21 1929 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 19 29, to Jan 16, 19 29,

that I last saw h[illegible] alive on Jan 16, 19 29

and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

followed by hypostatic pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cardio. vascular renal disease (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. L. Stuart, M. D.

Jan 20, 19 29 (Address) 1217 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Jan. 21 1929
20 UNDERTAKER Margaret L. Flynn	ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41914

E 41914

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. of the home of Notre Dame St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Madeleine de la Piquelière

(a) RESIDENCE NO. Augusta St 9 W Ashland ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March-9-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Paris, France

PARENTS

10 NAME OF FATHER Benjamin de la Piquelière

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Clara Gobaird Jastremski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Sister Mary Dionede
(Address) Notre Dame City

15 Filed 2-1 1929 19 HAMPTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-19-1929

17 I HEREBY CERTIFY, That I attended deceased from January 12, 1929, to January 19, 1929.

that I last saw her alive on Jan-19-, 1929,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Pyelitis
Bronchopneumonia

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Mt Hope Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) F. J. Finke, M. D.

1929 (Address) 1136 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md DATE OF BURIAL June 22 1929

20 UNDERTAKER Frank A. Fink ADDRESS W. Gay St

Spec.—I-10-21—M&T—1500 Bks.

E 41915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-41915

CERTIFICATE OF DEATH.

X 88

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame St. 10-14 WARD)

2-FULL NAME Mary Vincent de Paul Fromen

(a) RESIDENCE NO. Aquitta Richland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan-7-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	69	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teaching

(b) General nature of Industry, business, or establishment in which employed (or employer) Oth

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anton Fromen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Settmayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Mary Finian Notre Dame City

(Address)

Filed 1 1929 C. HARRY JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-20 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan-13-1929 to Jan-20-1929.

that I last saw her alive on Jan-20-1929.

and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Acute

Arteriosclerosis

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. J. Kelly, M. D.

1-21-1929 (Address) 115 E 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL Jan 23 1929

20 UNDERTAKER Frank A Fink

ADDRESS 915 Hyde

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41916

CERTIFICATE OF DEATH.

90

E 41916

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 813 N. Shutter ST. 7-13 WARD)

2-FULL NAME Margaret Wiederspahn

(a) RESIDENCE No. 813 N. Shutter st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wiederspahn

6 DATE OF BIRTH (month, day, and year): Aug 12-1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
70	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Blotkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Bloss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Wiederspahn (Address): 813 N Shutter st

15 Filed Jan 21, 1929 LAMBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 19, 1929

that I last saw her alive on Jan 19, 1929

and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Tubal Repurgitation

a/p Dropsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ludwig Jordan M. D.

19 Address 800 N Bell Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 22 1929

20 UNDERTAKER: Geo M. Smith & Son — ADDRESS: 811 N Wolfe

Spec.—1-10-21—M&T—1500 Blks.

Nickel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41917

CERTIFICATE OF DEATH.

11-09

E 41917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian Nickle

(a) RESIDENCE No. 2526 Hartford Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. H. Nickel

6 DATE OF BIRTH (month, day, and year): Sept. 28-1895

7 AGE: Years 33 Months 3 Days 20

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Chas Petersen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Sophia Horstman

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: J. H. Nickel

(Address): 2526 Hartford Ave

Filed JAN 21 1929 HAMILTON JONES, M. D. Registrar

Dist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-1, 1927, to 1-18, 1929.

that I last saw h.r alive on 1-18, 1929.

and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

a Lung Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel J. Hauben M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dal Lawn Cem

DATE OF BURIAL: Jan 21 1929

20 UNDERTAKER: Geo M. Fuller & Son

ADDRESS: 811 N Howard

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41918 E 41918

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 11-09

CITY OF BALTIMORE (No. 2641 N Calvert ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Martin Herrmann

(a) RESIDENCE NO. 2641 N Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Herrmann

6 DATE OF BIRTH (month, day, and year) May 15 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Edward W. Herrmann

(Address) 1641 N Calvert

Filed JAN 21 1929 ALTHEON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 19, 1929,

that I last saw him alive on Jan 18, 1929

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Lagrippe

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp, M. D.

1/7, 1929 (Address) 4025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 21 1929
20 UNDERTAKER	ADDRESS
H. Thuman & Son	North Ave

Spec.—1-12-23—M&T—500 Blks.

Jennie H. Dorney

E 41919

HEALTH DEPARTMENT—CITY OF BALTIMORE

124 E 41919

CERTIFICATE OF DEATH

1-PLACE OF DEATH The Church Home and Infirmary REGISTERED NO. 15-27

CITY OF BALTIMORE: (No. Hussey ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennie H. Dorney

(a) RESIDENCE NO. 2017 Edgewood St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Dorney

6 DATE OF BIRTH (month, day, and year) Nov 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lynchburg Virginia

12 MAIDEN NAME OF MOTHER Elmira N. Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germantown Pa

14 Informant Herbert S. Dorney

(Address) 2017 Edgewood

JAN 21 1929 HAMILTON JOHNS, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Jan. 19, 1929,

that I last saw her alive on Jan. 19, 1929,

and that death occurred, on the date stated above, at 9:10 A. m.

The CAUSE OF DEATH* was as follows:

Stone in Common Bile Duct.

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Dec. 29 1928 Jan. 14, 1929

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Fred R. Landon, M. D.

19 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL My Olivet Cem. DATE OF BURIAL Jan. 22-29

20 UNDERTAKER J. F. Sudbrink ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

E 41920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41920

CERTIFICATE OF DEATH.

REGISTERED No. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Elizabeth Blanchard

(a) RESIDENCE No. 40th St & Keswick Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ William Blanchard

6 DATE OF BIRTH (month, day, and year) Aug 10, 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
72	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dont Know

PARENTS

10 NAME OF FATHER Jesus Muridilli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Ellen Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant William Blanchard (Address) 1504 N Bath St

15 Filed JAN 21 1929 HAROLD JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1929

17 I HEREBY CERTIFY, That I attended deceased from July 7 1928. to Jan 19 1929.

that I last saw her alive on Jan 19 1929.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Influenza

CONTRIBUTORY (Secondary) (duration) Chronic Myocarditis 2 yrs. mos 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. W. Mayo M. D.

1/20 1929 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Congressional Cem Washington D. C.

DATE OF BURIAL Jan 22nd 1929

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor St

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41921

CERTIFICATE OF DEATH

11-001

E 41921

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 E Fort Ave St. 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felicia Barronca

(a) RESIDENCE NO. 507 E Fort Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Salvatore Barronca

6 DATE OF BIRTH (month, day, and year) June 11, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	67	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Italy.
(State or country)

PARENTS

10 NAME OF FATHER John Barronco

11 BIRTHPLACE OF FATHER (City or town) Italy.
(State or country)

12 MAIDEN NAME OF MOTHER Liberto

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Santi Barronco.
(Address) 507 E Fort Ave

Filed JAN 21 1929 H. H. S. M.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 19, 1929

that I last saw her alive on Jan 19, 1929

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Sidney H. Smith M. D.

1/19. 1929 (Address) 447 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cathedral — Date of Burial Jan 21 1929

20 UNDERTAKER Frank V. Ripitone — ADDRESS 2515 E Baltimore St

Spec.—1-12-23—M&T—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41922

CERTIFICATE OF DEATH.

129 E 41922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Bennett Place ST. 18-16 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jones

(a) RESIDENCE NO. 913 Bennett Place ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morgunla Jones

6 DATE OF BIRTH (month, day, and year) March 1-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	68	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cowlesa Co Va

PARENTS

10 NAME OF FATHER Henry Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Katturna Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary E Kosh
(Address) 912 Bennett Place

15 Filed N21 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 17, 1929, that I last saw h[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 6.05 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Influenza), (duration) yrs. mos 1 ds. 4

CONTRIBUTORY (Secondary) Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical - Urinary

(Signed) Wm A. Wright, M. D.

Jan 18, 1929 (Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cenbury Cem DATE OF BURIAL Jan 21 1929

20 UNDERTAKER Samuel Hensley ADDRESS 97 N Eddle

Spec.—1-12-23—M&T—500 Bks.

E 41923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 45 E 41923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 N Mount St. 15-22 WARD) : REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Octovia Lewis

(a) RESIDENCE NO. 1338 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellsworth Lewis

6 DATE OF BIRTH (month, day, and year) May 11. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs McSherry

9 BIRTHPLACE (city or town) Maryland (State or country) Annamdel Co.

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annamdel Co.

12 MAIDEN NAME OF MOTHER Hagor Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annamdel Co

14 Informant Marguerite E Reas

(Address) 1338 N. Mount

Filed JAN 21 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1928, to Jan 18, 1929, that I last saw h alive on Jan 18, 1929 and that death occurred, on the date stated above, at 11.05 A m.

The CAUSE OF DEATH* was as follows:

Rectal Carcinoma.

(duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy - Physical

(Signed) Wm H Wright, M. D.

(Address) 120 9 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan, 21 1929
20 UNDERTAKER Thomas. E. Nelson.	ADDRESS 1303 Preston St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41924 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 41924

CERTIFICATE OF DEATH.

6-9 101-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 132 N. Washington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Evelyn Gilmore

(a) Residence No. 132 N. Washington St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of #

6-DATE OF BIRTH (month, day and year) June 30 1928

7-AGE. yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Not any

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country). Md

PARENTS.

10-NAME OF FATHER. Andrew Gilmore

11-BIRTHPLACE OF FATHER (city or town). Baltimore (State or Country). Md

12-MAIDEN NAME OF MOTHER. Bernice Scott

13-BIRTHPLACE OF MOTHER (city or town). Baltimore (State or Country). Md

14- (Informant). Bernice Gilmore

(Address). 132 N. Washington St

15- Filed JAN 21 1929 (By) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 19 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1929 to Jan 19 1929 that I last saw h alive on Jan 19 1929 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D

1-19 1929 (Address) 822 N. Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	1-21 1929
20-UNDERTAKER.	ADDRESS
Mrs Chas H. Bailey	1421 Jefferson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41925

CERTIFICATE OF DEATH.

38 E 41925

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 Penna Ave St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Banks.

(a) RESIDENCE NO. 328 Shield, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 10 mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): Mar 15—1899

7 AGE — Years: 29 Months: 10 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck Driver.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Md

PARENTS

10 NAME OF FATHER: Geo. Banks

11 BIRTHPLACE OF FATHER (city or town): Va (State or country): "

12 MAIDEN NAME OF MOTHER: Mary Morris

13 BIRTHPLACE OF MOTHER (city or town): Va (State or country):

14 Informant: Minnie Banks

(Address): 1124 W Lafayette

15 Filed ..... 19 ..... WM. H. JONES, M. D. Registrar

JAN 21 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Jan 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy and Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Aneurism of Thorac Aorta.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Link M. D. (Coroner)

Jan 17 19-29 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct Date of Burial: Jan 21 19

20 UNDERTAKER: J. L. Brown & Son ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

41926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-9-02 41926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Carroll St. 21-29 WARD)

2-FULL NAME Elizabeth Goodwater

(a) RESIDENCE NO. 1137 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Goodwater

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant John Goodwater

(Address) 1137 Carroll St.

15 Filed JAN 21 1929 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from 1-14- 1929 to 1-19- 1929.

that I last saw her alive on 1/19/29 1929, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Davis, M. D.

19 (Address) 1137 Carroll

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 22 1929

20 UNDERTAKER Mr. & Mrs. John W. Pumphrey — ADDRESS 601 N. Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

E 41927

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 41927

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 ST. Brentwood Ave 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F. Potee

(a) RESIDENCE NO. 2004 Brentwood ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie G. Potee

6 DATE OF BIRTH (month, day, and year) Jan 9 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87 / 86			10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired R.R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown.

14 Informant John G. Burk.
(Address) 2004 Brentwood Ave

15 Filed JAN 21 1929, 19
Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from December 14, 1928, to January 19, 1929, that I last saw h.— alive on January 19, 1929 and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss M. D.

1/20, 1929 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Jan 23 1929

20 UNDERTAKER Chenoweth & Son

ADDRESS 3615 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41928 / 129 / E 41928

E 41928

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 129 N. Ostend ST. 23-31 WARD)

2—FULL NAME. Clarence H. Bromwell

(a) RESIDENCE NO. 129 N. Ostend ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	53	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Madison
(State or country) Dorchester Co Md

10. NAME OF FATHER Levin L. Bromwell

11 BIRTHPLACE OF FATHER (city or town) Madison
(State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Valeria Maguire

13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co
(State or country) Dorchester

Informant Mrs John Koretmann

(Address) 1933 N. Ostend St

Filed 1929 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 29, 19 to Jan 20 29, 19, that I last saw him alive on Jan 20 29, 19 and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Primary Anasarca (duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Test

(Signed) John Blake, M. D.

Jan 21 29 (Address) 120 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Church Creek Dorchester Co Md	Jan 21 1929
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec.—1-12-23—M&T—500 Bks.

Kowalewski

E 41929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41929

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Bank ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Kowalewski

(a) RESIDENCE NO. 1428 Bank ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Kowalewski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Pika

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Peter Kowalewski.

(Address) 1428 Bank Street

15 Filed JAN 21 1929 C. HARRISON ELLIS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1929, to Jan. 20, 1929, that I last saw her alive on Jan. 20, 1929, and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Post-influenzal)

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Septicaemia + Complications

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis J. Kreigler M. D.

1/31, 1929 (Address) 2007 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Jan. 23 1929

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Ann St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41930

CERTIFICATE OF DEATH

101-001

E 41930

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1311 May St. ST., 5-6 WARD)

2—FULL NAME Melvin Wallace

(a) RESIDENCE NO. 1311 May St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 10-1927

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	1	11	8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Wilmore.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Sarah Wallace.

(Address) 1311 May St.

Filed ..., 19 ... Registrar

21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan. 19, 1929, that I last saw him alive on Jan. 19 1929 and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sput. Exam. Pneu.

(Signed) Lauretta Bridel, M. D.

, 19 Baltimore Eastern Dispensary

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashbury Cemetery

DATE OF BURIAL: Jan 21 1929

UNDERTAKER: Chas. R. Johnson

ADDRESS: 412 N. Carolina St.

Spec.—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41931

CERTIFICATE OF DEATH

74-001

E 41931

1—PLACE OF DEATH

REGISTERED NO. 20-64

CITY OF BALTIMORE: (No. 339 Furrow ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adolf Kreatschmann

(a) RESIDENCE NO. 339 Furrow ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kreatschmann

DATE OF BIRTH (month, day, and year) Sept 25, 1847

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miller 046

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Karl Kreatschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elsa Glassar

(Address) 339 Furrow St

Filed JAN 21 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 19, 1929,

that I last saw him alive on Jan 19, 1929

and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Hells Hemmeter M. D.

1/21, 1929 (Address) 2000 Hallins Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Violaville	Jan 21, 1929
20 UNDERTAKER Louis Schumann	ADDRESS 32 S. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41932

CERTIFICATE OF DEATH

129 E 41932

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Forest ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Williams

(a) RESIDENCE NO. 322 Forest ST., (Jones) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Williams

7 DATE OF BIRTH (month, day, and year): May 31 1874

8 AGE: Years 54 Months 4 Days 19 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: Louis Deshields

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Deshields

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Esther Williams

(Address) 322 Forest St

Filed 1-21 1929 [illegible] M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1—18—29

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929 to Jan 18, 1929.

That I last saw her alive on Jan 18, 1929

and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 1929 (Address) 508 Mount St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem — DATE OF BURIAL: 1-22 1929

19 UNDERTAKER: Byron Knight — ADDRESS: 1218 N Eden St

Spec.—2-29-28—L. F. S.—500 Bks. Edward F. Rose

E 41933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 41933

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. Robinson ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward F. Rose

(a) RESIDENCE NO. 202 S. Robinson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of 1927.

DATE OF BIRTH (month, day, and year) Dec 2, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	/	/	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Raymond Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lillian McCord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Raymond Rose

(Address) 202 S. Robinson St.

Filed JAN 21 1929 HARRY JONES, M. D. Registrar

By KOP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 18, 1929.

that I last saw him alive on Jan 18, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Observation

(Signed) Harcourt Tilton, M. D.

1/20, 1929 (Address) 305 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
County	Jan 22 1929
20 UNDERTAKER J. M. Cook	ADDRESS 217 E Paul St

Cor.—12-9-25—A Co.—200 Bks.

E 41934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 41934

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2824 Kate Bn. St. 15-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Friedman

(a) RESIDENCE NO. 2824 Kate Bn St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Friedman

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Homemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Max Rosenthal

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Untin

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Max Friedman

(Address): Winston & E

15 Filed JAN 21 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leuk M. D.

(Coroner)

Jan 21 1929 (Address) North Bn & Dru

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mem Park Date of Burial Jan 21 1929

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 41935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 41935

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 7. St. Broadway 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sonajan Cohen

(a) RESIDENCE NO. 7 St Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Cohen

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: M Cohen

(Address) 847 N. North ave

Filed JAN 21 1929, 19 ... REGISTRAR OF VITAL STATISTICS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929, to Jan. 20, 1929, that I last saw her alive on Jan. 20, 1929, and that death occurred, on the date stated above, at 1.25 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease.
i Hypertension.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage and myocard. failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Nathan H Shpritz, M. D.

1/21, 19 29 (Address) 1830 W. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisterstown Rosedale — DATE OF BURIAL 1/24 19 29

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41936

CERTIFICATE OF DEATH.

146 E 41936

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 N. Gilmor St. 15-21 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hortense Barber.

(a) RESIDENCE NO. 1601 N. Gilmor St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col'd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) Dec 18-1913

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper in Laundry

(b) General nature of industry, business, or establishment in which employed (or employer) Ont

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md Jan 19 29 (Address)

(State or country)

PARENTS

10 NAME OF FATHER Jas Barber

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME Sylvia Wheatley

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Sylvia Barber

(Address) 1601 N. Gilmor St

Filed Jan 21 1929 WILSON JONES, M. D.

Registrar

per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) Autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

Miscarriage (Accident)

(duration) ..... yrs. ..... mos. One

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F C Lesch, M. D.

(Coroner) (Address) 1016 N Dr & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL H P Lee's Date of Burial Jan 21 1929

20 UNDERTAKER Samuel Dwight ADDRESS 661 Cary

Fill out all statements in accordance with instructions on back of certificate. Every statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41937

CERTIFICATE OF DEATH

57 E 41937

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Newman

(a) RESIDENCE NO. 514 N Gay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 25, 1858

7 AGE: Years 70 Months Days 25 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Street cleaner

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Newman

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs Marie Sweeting

(Address) 3116 Woodbourne Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 1-20-29

17 I HEREBY CERTIFY, That I attended deceased from 1-1-29, 19..., to 1-20-29, 19...,

that I last saw him alive on 1-20-29, 19...,

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows: Diabetes Gangrene

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): G. S. C. V. Veteran Diabetes mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-19-29

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. W. Tillery, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 22 1929

20 UNDERTAKER: George E Smith — ADDRESS 1836 Hollins

Key important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-002

E 41938

CERTIFICATE OF DEATH

E 41938

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 N. Payson St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Frederick

(a) RESIDENCE NO. 1231 N. Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. life mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 14 1915

7 AGE — Years: 13 Months: 8 Days: 4 IF LESS than 1 day, hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Frederick

11 BIRTHPLACE OF FATHER (City or town): Harford Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Addie Lovett

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Gertrude Frederick

(Address): 1231 N. Payson St

15 Filed ..... 19 ..... Registrar

JAN 21 1929 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 18/29

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1929, to January 18, 1929, that I last saw h[illegible] alive on January 18, 1929, and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Central Following Frontal Sinus trouble.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion & Failing heart action

(duration) yrs. mos. One ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) [illegible] M. D.

1/18, 1929 (Address) 1606 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — Date of Burial: Jan 2/ 1929

20 UNDERTAKER: Charles H. Mehrer — ADDRESS 1532 Hollins

Very important. See instructions on back of certificates. (CAUSE OF DEATH)

Cor.—12-9-25—A Co.—200 Bkn.

E 41939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 41939

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Wyman Park Apts St. 3-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Doyle

(a) RESIDENCE NO. Beech Ave + 40th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian H. Doyle

6 DATE OF BIRTH (month, day, and year) October 23 - 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. B. & A. Railroad

9 BIRTHPLACE (city or town) Ohio

(State or country)

PARENTS

10 NAME OF FATHER James J. Doyle

11 BIRTHPLACE OF FATHER (city or town) Canada

(State or country)

12 MAIDEN NAME OF MOTHER Mary Gay

13 BIRTHPLACE OF MOTHER (city or town) Boston Mass

(State or country)

14 Informant Mrs. Lillian H. Doyle

(Address) Beech Ave + 40th St

15 Filed JAN 21 1926 19 H. LEE JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) and from (evidence, autopsy or inquiry), and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morriarty (Coroner) M. D.

(Address) 1363 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland Ohio Date of Burial 1/31 1926

UNDERTAKER Chas. E. Maus & Son ADDRESS 1180 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-002

E 41940

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 76-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Ey

(a) RESIDENCE NO. 3426 Fait ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct 14 1854

7 AGE: Years 74 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: George Ey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Records

(Address) BALTIMORE CITY HOSPITALS

Filed JAN 21 1929 [illegible] M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1928, to 1-18, 1929, that I last saw him alive on 1-18, 1929, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* was as follows:

Rupture of Coronary Artery - with Haemopha-
Cardium

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis -

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Jan 24 1929

UNDERTAKER: Libby & Zeiler Inc.

ADDRESS 4008 Woodland

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41941

CERTIFICATE OF DEATH.

101 09 E 41941

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Trait ave. ST. 26 WARD)

2-FULL NAME William C. Booz.

(a) RESIDENCE NO. 3906 Trait ave ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 4th 1927

7 AGE	Years	Months	Days
✓	1	5	15

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm C. Booz.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Hubert.

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant William C. Booz
(Address) 3906 Trait ave

15 Filed JAN 21 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1929, to Jan. 19, 1929, that I last saw him alive on Jan. 19, 1929, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Kruger, M. D.

, 19 (Address) 1601 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Jan 22 1929

20 UNDERTAKER: Lilly & Zeidler Inc. — ADDRESS: 400 S. Wolfe

Spec.—1-12-23—M&T—500 Bks.

Margaret ✓

E 41942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME George D. Mougret

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Herbert Mougret

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elz. Daniels

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address)

15 Filed JAN 21 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20th 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/17 1929, to 1/20 1929, that I last saw h alive on 1/19 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr Bright's disease

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/21 1929 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 24 1929

20 UNDERTAKER Rita Wiedefeld 914 — ADDRESS Greenmount Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41943

CERTIFICATE OF DEATH

E 41943

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE (No. [redacted] ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ada May Clark

(a) RESIDENCE NO. 1100 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) wid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ind

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Jas. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address)

Filed JAN 21 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-29

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1928, to 1-17, 1929, that I last saw her alive on 1-17, 1929 and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows: -

Parkin's Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Bronchio Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 1-24 1929

20 UNDERTAKER Wm. R. G. Elliott

ADDRESS 1725 Ashland Ave

Cor.—10-10-29—A Co.—100 Bks.

E 41944

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 41944

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 744 Pierce St. 17-Wd Ward)

2-FULL NAME Wilbert Anderson

(a) RESIDENCE NO. 744 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
1	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Buck

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant John Anderson
(Address) 744 Pierce St.

15 Filed JAN 21 1929 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

1/20, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem Loc	Jan 21 1929
20 UNDERTAKER Leonard Wheeler 699	ADDRESS Place

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41945 | CERTIFICATE OF DEATH | 100-001 E 41945

1—PLACE OF DEATH

REGISTERED NO. 27-43

CITY OF BALTIMORE: (No. 4313 Glenmore Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Brandt

(a) RESIDENCE NO. 4313 Glenmore Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Brandt

6 DATE OF BIRTH (month, day, and year) Aug. 1-1876.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Benjamin Oed.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Lehnhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. Brandt

(Address) 4313 Glenmore Ave

15 Filed JAN 21 1929 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 18, 1929

that I last saw h er alive on Jan 18, 1929

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Alfred Hollerbach M. D.

1/21, 1929 (Address) Mapleaze & Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 21 1929
20 UNDERTAKER George W. Zirkler	ADDRESS 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

E 9196. HEALTH DEPARTMENT—CITY OF BALTIMORE E 9196.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (17-12-31 ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stauch

(a) RESIDENCE No. 503 W. Franklin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John A. Stauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Leitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed JAN 21 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1926 to Jan. 19, 1929, that I last saw him alive on Jan. 19, 1929 and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) [illegible]

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Henry C. Smith M. D.

1-19-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer | DATE OF BURIAL: Jan 21 1929

20 UNDERTAKER: Burial Eyler ADDRESS: 1600 W. North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41947

CERTIFICATE OF DEATH

101-001

REGISTERED NO. 2637

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S. Fagley ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick W. Kafer

(a) RESIDENCE NO. 703 S. Fagley ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 29-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

10 NAME OF FATHER Wm. Kafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Henline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Adam Kafer

(Address) 703 S. Fagley St

15 Filed 21 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 20, 1929

that I last saw h alive on Jan 20, 1929

and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo. Adler M. D.

1-20, 1929 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Jan 23 1929

20 UNDERTAKER George W Zinkan

ADDRESS 1737 E. Eager St

Spec.—12-9-25—A Co.—200 Bks.

E 41948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41948

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 Highland Av St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph B. Petrie (Beckerity)

(a) RESIDENCE NO. 111 Highland Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Petrie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Adolf Petrie

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Emma Yeby

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Bohemia

14 Informant Mary Petrie
(Address) 111 Highland Av

15 Filed..... 19..... A. [illegible], M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 1929, to Jan 17 1929, that I last saw h..... alive on Jan 17 1929, and that death occurred, on the date stated above, at 12 15 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
(Embolic)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) [illegible] M. D.
19 29 (Address) 500 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer — Date of Burial Jan 23 1929

20 UNDERTAKER Grant Grant & Son — ADDRESS 908 Eutaw

Very important. See instructions on back of certificate.

21 1929

Spec.—12-9-25—A Co.—200 Bks.

E 41949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 41949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 N Duncan St. 6-10 Ward)

2-FULL NAME Vit Sanek

(a) RESIDENCE NO. 406 N Duncan St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Sanek

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria

(State or country)

PARENTS

10 NAME OF FATHER Joseph Sanek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Jos. Sanek

(Address) 412 N Duncan St

15 Filed JAN 21 1929 19 C. J. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to Jan 20 1929, that I last saw h... alive on Jan 19 1929 and that death occurred, to the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Uremia Acute Nephritis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed) J. Reg Perkins M.D.

1-20-29 (Address) 400 N Duncan St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Jan 23 1929

20 UNDERTAKER Frank Croushore ADDRESS 1006 Aliceanna

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 41950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41950

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No. 15-63

City of BALTIMORE: (No. 3822 Fenhill Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rose Anna Byers

(a) Residence No. 3822 Fenhill Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of single

6-DATE OF BIRTH (month, day and year) Aug 31-1858

7-AGE 70 yrs. 4 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Shepherdstown W. Va

PARENTS.

10-NAME OF FATHER, Joseph Byers

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Shepherdstown W Va

12-MAIDEN NAME OF MOTHER, Susan M Kline

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14- (Informant) Ella B Phelps

(Address) 3822 Fenhill Ave

15- Filed 1 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-20-29

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1927 to Jan 20 1929, that I last saw h alive on Dec 20 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(Duration) 8 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Louis F. Mayer M. D.

1/20, 1929 (Address) Shepherdstown

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL. Elmwood Cemetery Shepherdstown W Va

DATE OF BURIAL. Jany 22 1929

20-UNDERTAKER. Harry A Arnscott

ADDRESS 4204 Ridgewood Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 41951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41951

CERTIFICATE OF DEATH

99-007

1—PLACE OF DEATH 2912 Auchentoroly Terrace REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 2912 Auchentoroly Ter ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Carr

(a) RESIDENCE NO. 2912 Auchentoroly Terrace WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) April, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.,
(State or country) Md.

10 NAME OF FATHER John Carr

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Isabel ---

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Jane E. Carr
(Address) 2912 Auchentoroly Terrace

15 Filed ....., 19.... Per C. HAMPSON JONES, M. D. Registrar

JAN 1 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 - 29

17 I HEREBY CERTIFY, That I attended deceased from Mch 12, 1928, to Jan 20, 1929,

that I last saw h.. alive on Jan 19, 1929

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

sural (duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Carb. Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M Beeman Hood, M. D.

1/20, 1929 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 22, 1929

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

Spec.—1-10-21—M&T—1500 Blks.

E 41952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Caroline & Preston (St.) (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Anderton

(a) RESIDENCE No. 1629 E Oliver St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter E. Anderton

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Hopkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Joyce

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Frank M. Anderton
(Address) 1629 E. Oliver Street

15 Filed 1 1929 C. HAMPSON JONES, M. D. Registrar
Per ASH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-16-29, 19..., to 1-19-29, 19..., that I last saw h alive on 1-19-29, 19..., and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Ascites & Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) M B Hendrix M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/22 1929
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41953

99-092

E 41953

CERTIFICATE OF DEATH

26-38

1—PLACE OF DEATH

(REGISTERED NO.)

CITY OF BALTIMORE: (No. 2007 S 14th St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Kolodziej

(a) RESIDENCE NO. 1224 S Elwood Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kolodziej

6 DATE OF BIRTH (month, day, and year) Oct. 10 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Kolodziej

(Address) [illegible]

15 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per ACK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1929, to Jan. 18, 1929, that I last saw her alive on Jan. 18, 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

1-20-1929 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Kan	22 1929
20 UNDERTAKER	ADDRESS
John W Weber	401 Chester

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41954

CERTIFICATE OF DEATH.

11-00 E 41954

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E. North Ave., 9-18 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C. Walsh

(Residence in Baltimore: No. 904 E. North Ave., St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 25, 1869, (Month) (Day) 1 (Year)

7-AGE, 59 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hat Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James P. Walsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Beechner

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Nona Walsh

(Address) 904 E. North Ave.,

15- C. HAMPSON JONES, M. D.

JAN 1929 1929, 191.... Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1929, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13, 29 191, to Jan. 20, 1929, that I saw her alive on Jan. 19, 1929, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Influenza.

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia.

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Eugene Fallon M. D.

1/21/29, 191... (Address) 2739 Eastern Ave.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemety.	1/23/29, 191...
20-UNDERTAKER	**ADDRESS**
Elmer W. Conklin	924 E Eager St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 41955

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 41955

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-68

CITY OF BALTIMORE: (No. 1119 Poplar Grove ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Diven

(a) RESIDENCE NO. 1119 Poplar Grove ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Diven

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Hagner

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Wesley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Katie M. Wesley
(Address) 1119 Poplar Grove St.

15 Filed 1 21 1929, C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from June 11 '27, 19 29, to Jan 19 '29, 19 29,
that I last saw her alive on Jan 18 '29, 19 29
and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Influenza Followed by Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bladder paralysis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Frank V. Dautrich, M. D.

1/20. 19 29 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 22 19 29
UNDERTAKER Joseph L. Cook	ADDRESS 1005 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41956

REGISTERED NO. 31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Folsom ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olivia Robbins

(a) RESIDENCE NO. 420 Folsom ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Robbins

6 DATE OF BIRTH (month, day, and year) May 14, 1875

7 AGE	Year	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Aldridge Reynolds

11 BIRTHPLACE OF FATHER (city or town) Cecil County (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Dodson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mr. William N. Robbins

(Address) 420 Folsom Street

15 FILED 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926 to Jan 20, 1929 that I last saw her alive on Jan 20, 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F Buettner, M. D.

1/21, 1929 (Address) 1319 Light Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 23 1929

20 UNDERTAKER Joseph L Cook

ADDRESS 1003 West Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 41957

HEALTH DEPARTMENT—CITY OF BALTIMORE

171

E 41957

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In woodland bet Stadium & Filtratation

City of BALTIMORE: (No. Plant north of 33rd St. St., Ward) 9-46

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank C. Hebrank

(a) RESIDENCE NO. 657 Gutman Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Hebrank

6 DATE OF BIRTH (month, day, and year) Apr 17-1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer W.M. R.R.

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Hebrank

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Talheimer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address) 657 Gutman Ave

15 Filed ....., 19..... C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Jan 7 or 8/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage- cut his throat with razor. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/20/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park Date of Burial 1/27 1929

20 UNDERTAKER [signature] ADDRESS 1247 Pal St

very important. See instructions on back of certificate.

2 T 1929

Cor.—10-10-29—A Co.—100 Bks.

E 41958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 41958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3508 Noble St., 26-39 Ward

2-FULL NAME Gott. Linzey

(a) RESIDENCE NO. 3508 Noble St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie K Linzey

6 DATE OF BIRTH (month, day, and year) Nov. 17- 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
57	58	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Orderly
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer John Hopkins

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Linzey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Vannont

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Rosetta Goldstane
(Address) 3504 Noble Street

15 Filed ..... 1929 18 C. HAMPSON JONES, M. D., Registrar
By ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pul TB-

CONTRIBUTORY (Secondary) C Linzey (duration) 6 yrs. mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Autopsy Factory

(Signed) Harry C Stadden M. D.

. 19 (Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	1/22 1929
20 UNDERTAKER Merriam Cook	ADDRESS 1217 Park

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 41959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41959

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE, (No.) ST. 21-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Hiss (Alex)

(a) RESIDENCE NO. 624 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or . min.
About	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not Obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 21 1929, 19 C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Jan 20, 1929, that I last saw him alive on Jan 20, 1929, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Probable Cerebral Hemorrhage.

CONTRIBUTORY (Secondary) Acute Alcoholism (duration) yrs. mos. 2 ds.

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Huck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/23 1929

20 UNDERTAKER J. M. Cook

ADDRESS 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

E 41960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41960

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS ST., WARD 25-76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Zimmerman, Sr.

(a) RESIDENCE NO. 1 Fairfield Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: BALTIMORE CITY HOSPITALS

(Address)

15 Filed 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-29

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1929, to 1-20, 1929, that I last saw him alive on 1-20, 1929, and that death occurred, on the date stated above, at 6 50 A. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia, left

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) W. H. Hook M. D.

BALTIMORE CITY HOSPITALS

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 1/22/29

20 UNDERTAKER: W. H. Cook — ADDRESS: 1217 St Paul St

Spec.—1-10-21—M&T—1500 Bks.

E 41961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41961

CERTIFICATE OF DEATH.

100-800

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winston Moorehead

(a) RESIDENCE No. 1600 Clifton Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lorena Moorhead

6 DATE OF BIRTH (month, day, and year) May 20 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm A Moorehead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Elizabeth Lemon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lorena Moorhead

(Address) 1600 Clifton Ave

15 Filed 1 1929 C. P. JAMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1929 to Jan 21 1929

that I last saw h[illegible] alive on Jan. 21 1929

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Hagerman M. D.

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death. In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL 1/24 1929

20 UNDERTAKER J. M. Cook ADDRESS 1217 Druid Hill Ave

Instructions on back of certificates. Items 1 to 15 are very important. See instructions

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Stod Gilmor & Edmondson Ave

E 41962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 E 41962

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 3303 Beverly Rd ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara J Burman

(a) RESIDENCE NO. 3303 Beverly Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Frank H Burman

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Blonde L Todd

13 BIRTHPLACE OF MOTHER (city or town) Emma
(State or country)

14 Informant Frank Burman

(Address) 3303 Beverly Rd

15 Filed 21 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 19 28, to Jan 20, 19 29.

that I last saw h[illegible] alive on Jan 21, 19 29

and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

Lobar pneumonia

(duration) 4 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Fever

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M D Burman Stood, M. D.

1/21, 1929 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 1/22 1929

20 UNDERTAKER [illegible] York

ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—800 Bks.

E 41963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Freiburger 482 Hollins

90 E 41963

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Russell ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Battenberg

(a) RESIDENCE NO. 1106 Russell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Battenberg

6 DATE OF BIRTH (month, day, and year) July 7, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	70	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Siefert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry C. Battenberg

(Address) 3814 Gwynn Oak Ave

Filed 1 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20. 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928 to Jan. 20, 1929

that I last saw her alive on Jan. 20, 1929

and that death occurred, on the date stated above, at 4:15 pm

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Chr

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Freiburger M. D.

1/24. 1929 (Address) 682 Mt Street Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/23 1929
20 UNDERTAKER	ADDRESS
J. H. Cook	127 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41964

CERTIFICATE OF DEATH

100-901 E 41964

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital 23-5 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Floyd Adams

(a) RESIDENCE NO. 910 McClellan ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md Gen Hosp.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Floyd Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Bessie Winnikers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Hosp Roads.

15 Filed ... 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 . 1928 to Jan 21 . 1929

that I last saw him alive on Jan 21 . 1929

and (that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cervical Adenitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia & Septicemia

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted If not at place of death? At home (Cora)

Did an operation precede death? yes Date of 12-7-28

Was there an autopsy? yes 10-10-28

What test confirmed diagnosis? Clinical

(Signed) J. C. Hampson Jones M. D.

19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Jan 24 1929

20 UNDERTAKER Robert F. Williams ADDRESS 1515 Mc Elderry St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41965

CERTIFICATE OF DEATH

E 41965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 10-14 Ward)

2-FULL NAME Cora Fredrick

(a) RESIDENCE NO. 1104 Ashland St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	C	M

5 If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Fredrick

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	21			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Wm Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Mrs Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Phillip Fredrick
(Address) 1104 Ashland St

15 Filed ..... 19.. Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul TB.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Exam of Sputum

(Signed) J. O'Grady M. D.

. 19 (Address) 4310 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sycamore Va	Jan 21 1929

20 UNDERTAKER Robert Williams ADDRESS 1117 Eutaw St

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 41966

CERTIFICATE OF DEATH.

90 E 41966

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 E North Ave. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H Campbell

(a) RESIDENCE NO. 401 S Collington Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Campbell

6 DATE OF BIRTH (month, day, and year) March 17 1843

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Anthony Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Peggy Campbell

(Address) Baltimore Md

15 JAN 21 1929 C. HAMPSON JONES, M. D., Registrar

Ref

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John T Haman M. D.

(Coroner)

1/20, 1929 (Address) 2C 22 Poland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 1/22 1929

20 UNDERTAKER Engel & Tully ADDRESS Fulton & Lafayette

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41967

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 644 Pitcher ST. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Hankins

(a) RESIDENCE No. 644 Pitcher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Hankins

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE 47 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

48

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Anthony Hankins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Clara Hankins

(Address) 644 Pitcher St

15 Filed 1-21 1929 C. HAMPSON JONES, M. D. Registrar Per A.R.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 21, 1929.

that I last saw him alive on Jan 20, 1929

and that death occurred, on the date stated above, at 5.50A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos J Woolridge M. D.

1-21, 1929 (Address) 703 N Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL

Mt Auburn Cem 1-23 1929

20 UNDERTAKER George T. A. Gibson | ADDRESS 1787 Druid Hill Ave

TION is very important. See instructions on back

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41968

CERTIFICATE OF DEATH

129 E 41968

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 561 Prestman St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zela Gaines

(a) RESIDENCE NO. 561 Prestman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Gaines

6 DATE OF BIRTH (month, day, and year): 7-14-1869

7 AGE: Years 59 Months 6 Days 5

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Essex Co. Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Essex Co.

12 MAIDEN NAME OF MOTHER: Eliza Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Essex Co. Va.

14 Informant: Lyn Sawell

(Address) 561 Prestman St.

15 Filed: JAN 21 1929 Reg: RHH Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1—19—1929

17 I HEREBY CERTIFY, That I attended deceased from 1-6-, 1929, to 1—19—, 1929

that I last saw her alive on 1—19—, 1929

and that death occurred, on the date stated above, at 4:15P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 3 hours yrs. mos. da.

CONTRIBUTORY (Secondary): Hypertension + Nephritis

unknown (duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank D. Saunders M. D.

1/21/1929 (Address) 1029 N. Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

Date of Burial: 1/23/1929

20 UNDERTAKER: Chas. H. Alexander

ADDRESS 1406 Druid Hill Ave.

be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 41969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Linden ave St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Stepney nee Spaulding

(a) RESIDENCE No. 825 Linden Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 4) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Stepney

6 DATE OF BIRTH (month, day, and year) ? 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisville Ky

PARENTS

10 NAME OF FATHER Watson Spaulding

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Harriet Spaulding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. W. Keatley

(Address) 1230 Druid Hill Ave

15 Filed ... 19 1929 C. HAMILTON LOUIS M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Jan 19, 1929, that I last saw h alive on Jan. 19, 1929, and that death occurred, on the date stated above, at 8:42 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw L Wheatley M. D.

Jan 19 1929 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/23/1929

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

IMPORTANT: See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 41970 HEALTH DEPARTMENT—CITY OF BALTIMORE

W CERTIFICATE OF DEATH.

124 E 41970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Lexington ST. 9-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Owen

(a) RESIDENCE No. 1620 W. Lexington ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T.

6 DATE OF BIRTH (month, day, and year) 3 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Willis Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nellie Tucker

(Address) 1610 W. Lexington

15 Filed 1 21 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/1, 1929, to 1/21, 1929, that I last saw h[illegible] alive on 1/21, 1929 and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Acute Dropsy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bruce Hutton, M. D.

1/21 1929 (Address) 7129 O. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 1/23/ 1929

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Edmondson Hill

(See reverse side for instructions on back of certificates.)

Spec.—2-29-28—L. F. S.—500 Bks.

E 41971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 ✓

E 41971

1—PLACE OF DEATH

REGISTERED NO. 11-24

CITY OF BALTIMORE: (No. 1208 Ritter St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Garrett

(a) RESIDENCE NO. 1208 Ritter St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co. md
(State or country)

PARENTS

10 NAME OF FATHER John W Garrett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) md

12 MAIDEN NAME OF MOTHER Susan Waters

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) md

14 Informant Susan Garrett
(Address) 1208 Ritter St

15 Filed JAN 22 1929, 19... [illegible] M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.19.29

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 19th, 1929, that I last saw h[illegible] alive on Jan 17th, 1929 and that death occurred, on the date stated above, at 1 a- m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Zeltzer, M. D.

1.19.1929 (Address) 711 W. Lemmon St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-22 1929
20 UNDERTAKER Lemmon & Leatherbee	ADDRESS 916 Park

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41972

CERTIFICATE OF DEATH

1-4-09

E 41972

1-PLACE OF DEATH

City of Baltimore: (No. 526 Eisleu St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Cooper

(a) RESIDENCE NO. 526 Eisleu St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin Cooper

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Albert Cooper
(Address) 526 Eisleu St.

15 Filed JAN 22 1929, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers M. D.

1/21, 1929 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1-22 1929

20 UNDERTAKER David Easter — ADDRESS 916 Penna Ave

JAN 22 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 41973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 416 N. Pine St. 17-26 Ward)

2-FULL NAME Katie Smith

(a) RESIDENCE NO. 416 N. Pine St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Alexander Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Clark

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Walter Smith
(Address) 1526 Harlem Ave.

15 Filed JAN 22 1929 19 C. HERMON JAMES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

1/21, 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	1-22 1929
20 UNDERTAKER Samuel Easton	ADDRESS 716 Park

IMPORTANT. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 41974 HEALTH DEPARTMENT—CITY OF BALTIMORE 83 E 41974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jane Valley St. 10-14 Ward)

2-FULL NAME 931 Mosher ave

(a) RESIDENCE NO. 931 Mosh. ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 62 Months Days

If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Mack Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Hattie Pullen

(Address) 931 Mosh. ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18 to Jan 19th 29.

that I last saw h alive on Jan. 18th 29.

and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Contributory (Secondary) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

(Address) 924 Mosher ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Jan. 22 19 29

20 UNDERTAKER: Mrs. R. G. Ellicott

ADDRESS: 1125 Ashland Ave

TION is very important. See instructions on back of certificates.

N 27 1929

Cor.—12-9-25—A Co.—200 Bks.

41975 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 41975

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 Oak St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola White

(a) RESIDENCE NO. 2103 Oak St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph White

6 DATE OF BIRTH (month, day, and year): Autumn 1897

7 AGE — Years: 32 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Viola White

(Address): 2103 Oak St.

15 Filed ..... 19..... Registrar

JAN 22 1929 C. H. KRIEGSMANN'S M. ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

1/20. 1929 (Address) 2103 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Jan. 22, 1929

UNDERTAKER: Mrs. P. G. Elliott — ADDRESS: 1725 Eastlund Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41976

CERTIFICATE OF DEATH

38 ✓ E 41976

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 N. Bethel ST., 6-9 WARD)

2—FULL NAME Annie Hill

(a) RESIDENCE NO. 401 N. Bethel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Buck Hill

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Myers (Address) 401 N. Bethel St.

15 Filed JAN 22 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 1929, to 1-18, 1929, that I last saw h— alive on 1-18, 1929 and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) W. H. J. Kenny, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Jan. 22, 1929
20 UNDERTAKER	ADDRESS
Wm. R. L. Elliott	1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41977

CERTIFICATE OF DEATH

101-001

E 41977

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Lenden Hall St. WARD 31)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alexander Green

(a) RESIDENCE NO. 814 Lenden Hall St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Green

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
36	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James Green

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annie Young

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Lesayde Green (Address) 819 N. Gilmor St.

15 Filed APR 22 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/29

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1929, to 1/18, 1929.

that I last saw him alive on 1/18, 1929

and that death occurred, on the date stated above, at 4 C m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Dan Francheon, M. D.

1/21, 1929 (Address) 122 - 11th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Md. Druid	1/23 1929

20 UNDERTAKER Mrs. P. C. Elliott ADDRESS 1745 Eastland

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41978

CERTIFICATE OF DEATH

31 E 41978

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1430 W Baltimore St., 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael W. Moran.

(a) RESIDENCE NO. 1430 W Baltimore St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE-of Louise Josey Moran

6 DATE OF BIRTH (month, day, and year) July 13th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40.	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael J. Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Josephine Falvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Josephine Moran

(Address) 1429 W Baltimore St.

15 Filed JAN 22 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21st 1929.

17 I HEREBY CERTIFY, That I attended deceased from June 14 1928 to Jan 21 1929, that I last saw h[illegible] alive on Jan 21 1929, and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary T.B.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Edward L. Moore M. D.

19 (Address) 1500 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 25 1929
20 UNDERTAKER	ADDRESS
John Howard & Son	Gorsuch

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41979

CERTIFICATE OF DEATH.

31 ~ E 41979

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 17-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Stevenson

(a) RESIDENCE No. 1335 Pennsylvania ave. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
19	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Gus Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sally Summers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed JAN 22 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928, to Jan. 19, 1929,

that I last saw him alive on Jan. 19, 1929

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

1-19, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mateville N.C.

DATE OF BURIAL Jan 22 1929

UNDERTAKER Samuel Kennedy

ADDRESS [illegible] Balto

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41980

CERTIFICATE OF DEATH.

90 E 41980

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Peach alley ST.) 12-31 (WARD)

2-FULL NAME Alice Hudson

(a) RESIDENCE NO. 838 Peach alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cannery 086

(b) General nature of industry, business, or establishment in which employed (or employer): House

(c) Name of employer: Peal Fruit

9 BIRTHPLACE (city or town) (State or country): Sinai Hill Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: John Little

(Address) 838 Peach alley

Filed JAN 22 1929, 19

[illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/10, 1929, to Jan 20, 1929, that I last saw her alive on Jan 19, 1929, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) David Trumbo, M. D.

1/21 1929 (Address) 1111 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL Jan 22 1929

UNDERTAKER: Samuel Wensley ADDRESS 838 Peach alley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 41981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 7

E 41981

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 15-58 Ward

2-FULL NAME Benj. Williams

(a) RESIDENCE NO. 3723 Park Heights Ave St., AW4 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Brud. Williams

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
51	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) 34
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Balto St.

15 Filed ..... 19 ..... (Registrar's signature) Registrar

JAN 22 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound involving stomach & spleen.
Homicide (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema of lungs

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. Gruen Zeller M. D.

1/21. 1929 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hessen Rm	Jan 22 19 29

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41982

CERTIFICATE OF DEATH

24-001

E 41982

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Hebrew Aged Home ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Harris Rosenbaum

(a) RESIDENCE NO. Belvedere & Greenspring av WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Harris Rosenbaum

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer Tailor

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E Baltimore St

15 Filed JAN 22 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 21, 1929, that I last saw him alive on Jan 20, 1929, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Deidel, M. D.

Jan 21 1929 (Address) Herman Deidel 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Av	1/22 1929
20 UNDERTAKER Jack Lewis 1409 E Balto St	ADDRESS

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Jany M & Neill

41983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75-09

E 41983

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Central Ave 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jany McNeill

(a) RESIDENCE NO. 416 N Central Ave WARD

(Usual place of abode)

Length of residence In city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant Stella Price

(Address) 416 N Central Ave

15 Filed JAN 22 1929 Wm. F. Otts, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 19, 1929.

That I last saw her alive on Jan 19, 1929

And that death occurred, on the date stated above, at 2.27 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward Bryan M. D.

1-19-29 (Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	Jan 23, 1929
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41984

CERTIFICATE OF DEATH.

E 41984

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 17-25

2-FULL NAME Henry Gibney

(a) RESIDENCE No. 418 N. Green st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Gibney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Larkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 1-22-1929 C. HARRISON JONES, M. D. Registrar

By Ethel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1929, to Jan. 15, 1929, that I last saw him alive on Jan. 15, 1929 and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Henry C. Smith, M. D.

1-15 1929 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/22, 1929

20 UNDERTAKER John J. Kelly Sons

ADDRESS 1318 Light

This is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41985

CERTIFICATE OF DEATH.

E 41985

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1005 Biscoe St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William A. Wheeler

(a) Residence No. 1005 Biscoe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wheeler

6-DATE OF BIRTH (month, day and year) April 8 1865

7-AGE. 63 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. James Wheeler

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary LeCompte

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Annie Wheeler.

(Address) 1005 Biscoe St.

15- NOV 22 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-20-29

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22 1928 to Jan 20 1929 that I last saw h. alive on Jan 1 1929 And that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thurley Stoop M. D.

1/21, 1929 (Address) 7 Upton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Calvary.	1-24 1929
20-UNDERTAKER. Bernard C. Harle	ADDRESS 1000 Pacca St

instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Spec.—1-10-21—M&T—1500 Rks.

E 41986 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-801 E 41986

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 Jackson ST. 24-34 (WARD)

2-FULL NAME Helen Davis

(a) RESIDENCE NO. 1410 Jackson. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 14 1928

7 AGE — Years: — Months: 6 Days: 7 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Geo N. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Nora Burk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo N. Davis (Address) 1410 Jackson St

15 Filed 1-22 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-21 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 21 1929 that I last saw h alive on Jan 20 1929 and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Primy) (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

1-22 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a&c. DATE OF BURIAL: 1-22 1929

20 UNDERTAKER: E B Nash ADDRESS: 15 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41987

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 41987

REGISTERED NO.

City of BALTIMORE: (No. 1429 Riverside Ave (GENEVA) Ward 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geneva Conrad Norris

(a) RESIDENCE NO. 1429 Riverside Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 11 6 1880

7 AGE: Years 48 | Months 2 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Drug Co Enema

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis F. Norris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ala Co. Md

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Harford Co

14 Informant Mrs Reynold

(Address) Sisters

15 Filed APR 22 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 20-29

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1928 to Jan 20 1929

that I last saw h alive on Jan 19 1929

and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due to Nephritis

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Percy A. Welch, M. D.

1/30, 1929 (Address) 4001 Parkside

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Jan 22 1929

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 E 41988

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. (14-20 WARD)

2-FULL NAME John Ellis

(a) RESIDENCE NO. 608 Pitcher st. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhetta Ellis

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
43	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 0 10

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Della Joyner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 Filed JAN 22 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1928, to Jan. 21, 1929, that I last saw him alive on Jan. 21, 1929, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

1-21-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 1/23/1929

20 UNDERTAKER Mrs. Lee H. Holland — ADDRESS 1631 Dru[illegible]

IMPORTANT is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 41989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 41989

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 14 Dorchester Road ST. 22-56 WARD)

2-FULL NAME Catherine Dawson

(a) RESIDENCE No. 40 14 Dorchester Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word) Widow.

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Thomas R. Dawson

6 DATE OF BIRTH (month, day, and year) July 4 1855

7 AGE Years 73 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geny H Hayton

(Address) 40 14 Dorchester Road

15 Filed NOV 22 1929 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Jan 20 1929.

That I last saw h[illegible] alive on Jan 20th 3 30 p. m.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lagrippe

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H E Kirk M. D.

1/22/29 (Address) 40 20 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Jan 23 1929

20 UNDERTAKER Kirkland & Lore ADDRESS 1723 N Lafayette Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41990

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 ~ E 41990

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Carter

(a) RESIDENCE No. 565 Oxford st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902 - 6-13.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER George Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Christiana Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

Filed 1-22 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Jan. 18, 1929, that I last saw him alive on Jan. 18, 1929 and that death occurred, on the date stated above, at 12 mid. n.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Am. Path

(Signed) Henry C. Smith M. D.

1-18 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Jan 23 1929

20 UNDERTAKER: John M. Johnson — ADDRESS: 1234 Eutaw St.

THION is very important See instructions on back of certificates. Exact statement of OCCUPA- the property classified.

Spec.—1-12-23—M&T—500 Bks.

E 41991

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-91 E 41991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Edmondson ST. 17-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rourke

(a) RESIDENCE NO. 708 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): widow

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: James Rourke

6 DATE OF BIRTH (month, day, and year): June 16 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	81	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: ~~James Rourke~~ Patrick Lenard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Loretta Rourke

(Address): 708 Edmondson ave

15 Filed APR 22 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 20, 1929,

that I last saw h.er alive on Jan 18, 1929,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Senility, cerebral hemorrhage

in Apr, 1928.

duration: yrs 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? manual tests

(Signed) H. E. Knight, M. D.

(Address) 2025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Jan 23 1929

20 UNDERTAKER: H C Brauning Sons

ADDRESS 1136 Poplar Grove

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41992

E 41992

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. West St. ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Schulte.

(a) RESIDENCE NO. 11 E. West St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Jany 31, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Forelady

(b) General nature of industry, business, or establishment in which employed (or employer) General Chemical Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis R. Schulte.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Scharmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Elizabeth Schulte. (mother
(Address) 11 E. West St.

15 Filed N 22 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 20 1929

17

I HEREBY CERTIFY, That I attended deceased from January 11, 1928, to January 20, 1929,

that I last saw her alive on January 20, 1929,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? Yes. Date of Jany, 1929

Was there an autopsy? No.

What test confirmed diagnosis? Operation.

(Signed) Otto M. Reinhardt, M. D.

1/22 29 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Churchville Cemetery DATE OF BURIAL Jan 23 1929

20 UNDERTAKER Fred A. Fortenbaugh ADDRESS 703 Hamm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41993

CERTIFICATE OF DEATH.

101-001 E 41993

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 E Monument ST 22-33 WARD)

2-FULL NAME Melvin L. Steedman

(a) RESIDENCE NO. 126 E Monument ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Steedman

6 DATE OF BIRTH (month, day, and year) Sept. 3-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37.	36	4	16	

8 OCCUPATION OF DECEASED Foreman

(a) Trade, profession or particular kind of work Ft Balto City 086

(b) General nature of industry, business, or establishment in which employed (or employer) Water Works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander T. Steedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Annie E. Gudy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr Nicholas W. Gruber

(Address) 116 Warren Ave

Filed JAN 22 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 19, 1929.

that I last saw him alive on Jan 19, 1929

and that death occurred, on the date stated above, at 9.30 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney A. Strott, M. D.

1/19, 1929 (Address) 1744 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Jan 23, 29

20 UNDERTAKER Fred Ackerman ADDRESS 703 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41994

CERTIFICATE OF DEATH

E 41994
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Elton ST. 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lloyd Sunderdale Powell

(a) RESIDENCE NO. 3404 Elton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Powell

6 DATE OF BIRTH (month, day, and year) May 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fur Cutter, Dr

(b) General nature of industry, business, or establishment in which employed (or employer) Country Life

(c) Name of employer Jos. Co

9 BIRTHPLACE (city or town) Morgan
(State or country) Va

PARENTS

10 NAME OF FATHER Wm. Powell

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Curlin

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Ida M. Powell
(Address) 3404 Elton

15 Filed DEC 23 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 1929.

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to Jan. 21, 1929.

that I last saw h... alive on Jan 21st, 1929

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. Boyenly, M. D.

, 19 (Address) 804 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	Jan 23 1929
20 UNDERTAKER	ADDRESS
H. T. Eastwood & Son	Monument

Important: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Totten

221720 E 41995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X-49 E 41995

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 1-9 (WARD)

2-FULL NAME Arie Totten

(a) RESIDENCE No. 2623 - 16th St - ST. N.W. WARD Wash - D - C -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 13, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student - None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Paris France

PARENTS

10 NAME OF FATHER Gen. Totten

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Y-

12 MAIDEN NAME OF MOTHER Eic van Ticken

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Kinds -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 22 1928 C. HAMPTON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 21, 1929, that I last saw him alive on Jan 21, 1929, and that death occurred, on the date stated above, at 9 30 p m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, malignant

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I R Trimble M. D.

Jan 21 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Moravian Cem. Staten Is. N.Y.	Jan 24, 29

20 UNDERTAKER Wm. J. Tickner & Sons

ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41996

CERTIFICATE OF DEATH.

91-E 41996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mary Catherine Knott

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Katie Knott

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Stanislaus Knott

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Harding

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor

(Address) Preston + Valley St

15 Filed 1-22 1929 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1929, to 1/20, 1929, that I last saw h alive on 1/19, 1929, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Benson Harris, M. D.

1/21, 1929 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Jan 23 1929

20 UNDERTAKER Rita Winkelried — ADDRESS 91 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 41997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 41997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 S. Charles ST. 25-34 (WARD)

2-FULL NAME Mary C Roby

(a) RESIDENCE NO. 1801 S Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William V Roby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Ophelia Dobbins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saunders Pa

14 Informant William V Roby

(Address) 1801 S Charles St

15 Filed JAN 22 1929 19 C. HARRISON JONES, M.D. Registrar per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 21, 1929

that I last saw h alive on Jan 21, 1929

and that death occurred, on the date stated above, at 5-30 P m

The CAUSE OF DEATH* was as follows:

Uric Calculus

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) R. E. Campbell M. D.

1/22, 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Jan 23 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41998

CERTIFICATE OF DEATH

90 E 41998

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Collington Ave. WARD) 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William G. Dittus

(a) RESIDENCE NO. 228 N. Collington Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fanny B. Dittus

6 DATE OF BIRTH (month, day, and year): July 18, 1846

7 AGE: Years 81 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick Dittus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Christian W. Dittus

(Address) 228 N. Collington Ave.

15 Filed JAN 22 1929, 19... C. HAMILTON JOHNS M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 21, 1929,

that I last saw him alive on Jan 21, 1929

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm G Leyh, M. D.

19 (Address) 450 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Jan 23 1929

20 UNDERTAKER: John Leeds

ADDRESS: 2205 Eutaw

Important. See instructions on back of certificates. Exact statement of OCCUPATION is necessary

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41999

91-02 E 41999

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1031 N Dallas ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Dressel

(a) RESIDENCE NO. 1031 N Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Christian Dressel

6 DATE OF BIRTH (month, day, and year): Dec

7 AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Winterling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Christian Dressel

(Address): 1031 N Dallas.

15 Filed ..... 19.. per ..... Registrar

C. HAMPSON JONES, M.D.

JAN 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th 1929 to Jan 20 1929 that I last saw h alive on Jan 19th 1929 and that death occurred, on the date stated above, at 12:15 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy Chronic

Contributory Senile Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Jan 23, 1929 (Address) 1501 E Dayton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Am

DATE OF BURIAL: Jan 24 29

20 UNDERTAKER: [illegible]

ADDRESS: [illegible] Oregon

Important. See instructions on back of certificates. Exact statement of OCCUPATION and CAUSE OF DEATH may be necessary to properly classified. Fill in every item if you can. Write plainly with pen and ink.

E 42000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E

REGISTERED NO. 26-31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Foster ave WARD)

(If death occurred in a hospital or institution, give last residence instead of number.)

2—FULL NAME August W. Busse

(a) RESIDENCE NO. 3808 Foster ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 43 yrs. mo.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka F. Busse

6 DATE OF BIRTH (month, day, and year) Nov. 30-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Daughter

(Address)

FILED JAN 22 1929 C. HAMILTON JONES, M. D. Registrar

By BRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 19

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1928, to Jan. 20, 1929, that I last saw h.. alive on Jan. 19, 1929 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) Allen C Barham, M. D.

1-21, 1929 (Address) 3134 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL Jan 23 1929

ADDRESS 1737 E. Eager St

20 UNDERTAKER J. George W. Finkler

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42001

E ~~41016~~ CERTIFICATE OF DEATH. E ~~41015~~

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary E Eliason

(a) RESIDENCE No. 625 S. Potomac ST. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Richard Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Hospital Record
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Jan 20, 1929, that I last saw h[illegible] alive on Jan. 20, 1929 and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Intertrochanteric fracture of the neck of the left femur due to a fall while walking in her house (duration) yrs. mos. 31 da.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? at her residence

For women, pregnancy recede death? No Date of

Was operation performed? No

What confirmed diagnosis? X-Ray & Clinical

(Signed) Benj. Sanborn, M. D.

19 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL Jan 23 1929

20 UNDERTAKER George W. Zirkler — ADDRESS 1327 E. Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

APR 2 1929

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42002

CERTIFICATE OF DEATH.

E 42002

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Tbs.) ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Weber

(a) RESIDENCE NO. 2332 E. Baltimore st. ST. 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown 39 years mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
40	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Adolph Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cathryn Zyler (ZEILER)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed JAN 22 1929 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1929, to January 20 1929, that I last saw him alive on January 20 1929 and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? No

Did an operation precede death? Yes Date of Nov. 11, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-20 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Jan 25 1929

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 403 S. Howard St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42003 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42003

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4105 E. Glenmore ave ST., 27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Robert.

(a) RESIDENCE NO. 4105 E. Glenmore ave ST., 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs B Robert

6 DATE OF BIRTH (month, day, and year): May 23-1849

7 AGE — Years: 79. Months: 7 Days: 28. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Barbara Robert

(Address): 4105 E. Glenmore ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20-1929

17 I HEREBY CERTIFY That I attended deceased from Jan. 14, 1929 to Jan. 20. 1929 that I last saw him alive on Jan 20. 1929 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) Not Stated yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ~~No~~ Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

1/24, 1929 (Address) 1216 N Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Jan 23 1929
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler Inc	403 S. Wolfe

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42004

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Hudson ST., 1 WARD)

2-FULL NAME Katherine Abisa

(a) RESIDENCE No. 2926 Hudson ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph Abisa.

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
62	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Lanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Brennen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary A. Lanahan Sister
(Address) 2926 Hudson St.

15 Filed ... 19 ... J. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1929 to Jan 19 1929

that I last saw her alive on Jan 19 1929

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic Nephritis
arteriosclerosis

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Joseph Tenbey M. D.

19 (Address) 8005 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Jan. 23 1929

20 UNDERTAKER Lilly & Sons Inc. ADDRESS 403 S. Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88-103 ✓ E 42005

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St 10-14 Ward)

2-FULL NAME James Pinder

(a) RESIDENCE NO. 1004 Aisquith St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER ------ Pinder

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) England

14 Informant Mrs. Johanna Canoles
(Address) 1004 Aisquith St

15 1/21/29 C. HAMPSON JONES, M. D.
Registrar

For JAN 22 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture Skull- Intracranial Hem. Struck by autotruck at Aisquith & Monument St. Accidental
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____
(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner)
1/21/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Jan 23 1929

20 UNDERTAKER: Johannah Canoles — ADDRESS: 1004 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42006 — CERTIFICATE OF DEATH — 179 — E 42006

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2802 Pelham ST. or WARD) — 11-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Sandbuhler

(a) RESIDENCE NO. 2802 Pelham St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) May 22 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Sandbuhler (Address) 2802 Pelham ave

15 JAN 22 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1929.

17 I HEREBY CERTIFY, That I attended deceased from April 3 1928, to Jan 20, 1929.

that I last saw h.. alive on Jan 17. 1929

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral regurgitat. Aortic sclerosis

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Home

(Signed) H. H. Hamburg, M. D.

1/22. 1929 (Address) 714 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 23 1929

20 UNDERTAKER Martin V. C. Diffenderffer ADDRESS 718 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 42007 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42007

101-04

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2406 E. Madison ST. 7-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie Safranek.

(a) RESIDENCE NO. 2406 E. Madison St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 22 ds. How long in U. S., if foreign birth? 42 yrs. 10 mos. 22 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

(a) If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Safranek.

6 DATE OF BIRTH (month, day, and year) March 21, 1886

7 AGE: Years 42 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Zohymel Stursky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Hoskovec.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia.

14 Informant Alma Safranek.
(Address) 2406 E. Madison St.

15 Filed JAN 22 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929, to Jan. 22, 1929, that I last saw her alive on Jan. 22, 1929 and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Vincent R. Jonka, M. D.

, 19 (Address) 845 N. Wash. Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Jan 24, 1929.

20 UNDERTAKER: August Pasek — ADDRESS: 2406 E. Madison Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... important. See instructions on back of certificates.

N 22 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42008

CERTIFICATE OF DEATH

129

E 42008

1—PLACE OF DEATH

REGISTERED NO. 20-78

CITY OF BALTIMORE: (No. 3061 Frederick Ave. ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Linthicum

(a) RESIDENCE NO. 3061 Frederick Ave. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Linthicum

6 DATE OF BIRTH (month, day, and year) June 28, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvenia

PARENTS

10 NAME OF FATHER Eberhart Ries

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine R

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Philadelphia, Pa.

14 Informant Mr. W. B. Linthicum
(Address) 3061 Frederick Ave.

15 Filed JAN 22 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 20, 1929, that I last saw her alive on Jan 20, 1929 and that death occurred, on the date stated above, at 10.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Pyocystitis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitated (cardiac)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Harry Passman, M. D.

Jan 24, 1929 (Address) 2657 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 23 1929
20 UNDERTAKER Jos. B. Cook	ADDRESS 1005 West Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 90 E 42009

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST. 20 WARD)

2—FULL NAME Mrs. N. Vanner Sullivan

(a) RESIDENCE NO. Woodlawn, ST. Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Sullivan

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Pikesville
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Burnham

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Fishpaw

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Wm. E. Sullivan

(Address) Pikesville, Md.

Filed JAN 22 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 22, 1929

that I last saw h[illegible] alive on Jan. 22, 1929

and that death occurred, on the date stated above, at 6.25 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

Oedema (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph D. Laukaitis, M. D.

1/22, 1929 (Address) University Hospital

Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive Cemetery, Roslyn	Jan. 24, 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42010

188-303

E 42010

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 7-13 Ward)

2-FULL NAME James Payne Miller

(a) RESIDENCE NO. 1004 Tonsont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	White Male	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Miller

6 DATE OF BIRTH (month, day, and year) Unknown 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Eastern Rolling Mill
(c) Name of employer

9 BIRTHPLACE (city or town) Farmville
(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Pattie Miller

13 BIRTHPLACE OF MOTHER (city or town) Farmville Va.
(State or country)

14 Informant Sallie Miller
(Address) 1884 E. Monument St.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar
By ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arch. Fed
Fracture of Pelvis
Bruise Chest
(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Farmville Va.	Jan 22 19 29
20 UNDERTAKER	ADDRESS
Wm H. Elliott	25 Eastland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

JAN 22 1929

Cor.—12-9-25—A Co.—200 Bks.

E 42011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42011

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 725 Aisquith St St. 10-14 Ward)

2-FULL NAME Giacomina G Goodman

(a) RESIDENCE NO. 725 Ausquith St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ludiano Goodman

6 DATE OF BIRTH (month, day, and year) Feb 2/1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Alexander Palerno

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Wm. Goodman (Son)

(Address) 725 Aisquith St

15 Prepared by G. HAMPTON JONES, M. D.

Registrar

JAN 27 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cain, M. D.

(Coroner)

1/22/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 1/23/29

20 UNDERTAKER George J. Roth Jr. ADDRESS 1735 Hanford Ave.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-081

E 42012

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 624 - E. 30th ST. 9-4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James J. Jackson

(a) RESIDENCE NO. 624 E 30th ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Weaver

6 DATE OF BIRTH (month, day, and year) 11-13-1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Conductor

(c) Name of employer Penna R.R. Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas. M. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia F. Brannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ida Jackson

(Address) 624 E. 30th St

15 Filed JAN 22 1929, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21. 1929

17 I HEREBY CERTIFY, That I attended deceased from June 21. 1929 to June 21 1929 that I last saw him alive on June 21. 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage. 6 hrs.

CONTRIBUTORY (Secondary) Arteria Sclerosis (duration) yrs. mos. ds.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Albert Blake, M. D.

, 19 (Address) 719 Med. Arts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove, Maysville Pa.

DATE OF BURIAL 1/24/29 19

UNDERTAKER J. Walter Jenkins

ADDRESS 1633 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42013

CERTIFICATE OF DEATH

74-081

E 42013

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 810 S. Potomac ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME THOMAS H. DENTON

(a) RESIDENCE NO. 810 S. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) August 8, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	57	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Tester

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Boyle Can Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Denton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER AddieBelleChiveral

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Jane H. Wilkerson (Aunt)

(Address) 810 S. Potomac Street

15 Filed JAN 22 1929 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Jan 20, 1929, that I last saw h[illegible] alive on Jan 20, 1929 and that death occurred, on the date stated above, at 11.00 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis, Hemorrhage of Brain

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hardening of arteries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Shearer M. D.

1/21, 1929 (Address) 3901 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Jan. 23. 1929
20 UNDERTAKER Henry Sander & Sons. Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42014

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 626 S. Bradford ST. 1-3 WARD)

2—FULL NAME MATHILDA C. HILGEMAN

(a) RESIDENCE NO. 626 S. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 7 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a If married, widowed, or divorced (or) WIFE of William Hilgeman

6 DATE OF BIRTH (month, day, and year) July 10, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Hastler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Sommers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. William Hilgeman (Husband)

(Address) 626 S. Bradford Street

15 Filed NOV 21 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Jan. 20, 1929, that I last saw her alive on Jan. 20, 1929 and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) 432 S. Patterson Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan. 23 1929

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42015

CERTIFICATE OF DEATH

E 42015

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 945 S. Bayliss ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME GEORGE L. GLAESER

(a) RESIDENCE NO. 945 S. Bayliss ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Glaeser

6 DATE OF BIRTH (month, day, and year) April 13, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Glaeser

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Mr. Frederick Glaeser (Son)
(Address) 945 S. Bayliss St.

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13 19 29 to Jan 21 19 29
that I last saw him alive on " 20 19 29
and that death occurred, on the date stated above, at 12.50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Valvular Dis Heart

(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Sauer, M. D.

1/21/29 (Address) 408 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan. 23. 19 29

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: BALTIMORE ST. & BROADWAY.

JAN 22 1929 C. HARRISON JONES, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42016

CERTIFICATE OF DEATH

100-00

E 42016

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1907 N. Fulton Ave. ST. 15-21 (WARD)

2—FULL NAME MARY JACKSON

(a) RESIDENCE NO. 1907 N. Fulton Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert S. Jackson

6 DATE OF BIRTH (month, day, and year) June 24, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mathew Amend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Ruppel (Daughter)

(Address) 1907 N. Fulton Ave.

15 Filed ... 19 ... Registrar

C. HARRISON JONES, M.D.

JAN 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1929, to Jan 21st, 1929, that I last saw h[illegible] alive on Jan 21st, 1929 and that death occurred, on the date stated above, at 8.25 A. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harris Goldman, M. D.

1/22, 1929 (Address) 1816 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. MATTHEW'S CEMETERY — DATE OF BURIAL: Jan. 23 19 29

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42017

CERTIFICATE OF DEATH

101-081

E 42017

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. University Hospital ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia Sandra

(a) RESIDENCE NO. 806 N Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Sandra

6 DATE OF BIRTH (month, day, and year) July 1, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Home

9 BIRTHPLACE (city or town) Ga
(State or country)

PARENTS

10 NAME OF FATHER Milton B Whaley

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Della Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Clarence Sandra
(Address) 806 N Calvert St

15 Filed ..... 19 ..... Registrar

NOV 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 29, to Jan 22, 19 29,

that I last saw h alive on Jan 22, 19 29

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Hale, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brook Co	1/23 19 29
20 UNDERTAKER J. H. Cook	ADDRESS 2152 Pratt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42018

CERTIFICATE OF DEATH

101-E 42018

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 22-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine Harle

(a) RESIDENCE NO. 34 E Henrietta Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H Harle

6 DATE OF BIRTH (month, day, and year): Jan 23. 1909

7 AGE: 19 Years 11 Months 29 Days — IF LESS than 1 day hrs. or min.. 20 0 0

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry L Houck

11 BIRTHPLACE OF FATHER (City or town): Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Woods

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md

(State or country)

14 Informant: Charles H Harle

(Address): 34 Henrietta St

15 Filed: JAN 22 1929 Per: A K H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/22/29

17 I HEREBY CERTIFY, That I attended deceased from 1/19/29, 19, to 1/22/29, 19,

that I last saw her alive on 1/22/29, 19,

and that death occurred, on the date stated above, at 8 a.m. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Chronic Syphilis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J S Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Baltimore — Date of Burial: 1/24 19 29

20 UNDERTAKER: W M Cook — ADDRESS: 1217 E Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Rutledge 1623 E Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42019

CERTIFICATE OF DEATH

12 E 42019

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1523 Gough ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C Glaeser

(a) RESIDENCE NO. 1523 Gough ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C Winston Glaeser

6 DATE OF BIRTH (month, day, and year) Jan 22, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of indostry, bosiness, or establishment in which employed (or employer) 037

(c) Name of employer At Home.

9 BIRTHPLACE (city or town) (State or country) Del

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant C Winston Glaeser

(Address) 1523 Gough St

15 Filed JAN 22 1929, 19 C. HAMILTON SOLLER, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21. 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/14, 1928, to 1/20, 1929, that I last saw h e alive on 1/20, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Suppuration (Cholangeitis) 2

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Joint fusion & arthritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & symptoms

(Signed) Irving D Antopol, M. D.

, 19 (Address) 1626 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	1/24 19 29
20 UNDERTAKER [illegible] roh	ADDRESS 2172 Ford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO... is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42020

E 42020

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (NO. Baltimore, Md. ST. 16-67 WARD)

2-FULL NAME John F. McDairmant

(a) RESIDENCE NO. 3115 Baker St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude E. McDairmant

6 DATE OF BIRTH (month, day, and year) July 20, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter carrier

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office

(c) Name of employer U.S. Government

PARENTS

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Thomas McDairmant

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Anna Franke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed JAN 22 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 19 29

17 I HEREBY CERTIFY, That I attended deceased from November 27, 19 28 to January 20, 19 29, that I last saw him alive on January 20, 19 29, and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Osteomyelitis - acute

(duration) yrs. mos. 70 ds.

18 Where was disease contracted if not at place of death? U.S. Marine Hospital

Did an operation precede death? Yes Date of Dec. 7, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical exam & post mortem

(Signed) [signature], M. D.

1/21, 19 29 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 1-23 19 29

20 UNDERTAKER [illegible] ADDRESS [illegible]

IMPORTANT, WHITE PLAINLY, WITH PEN AND INK. Every item should be answered. Information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42021

CERTIFICATE OF DEATH

E 42021
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 822 Custer St., 1-1 Ward)

2-FULL NAME John T. Tully

(a) RESIDENCE NO. 822 Bussey St., Ward

(Usual place of abode) Balto Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12, 1866

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
62	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dye maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Tin Decorating Co

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Patrick Tully

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Cockron

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Catherine Kemp
(Address) Bay Shore Md

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

6 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical History & Ex

(Signed) W. T. Yates M. D.

1929 (Address) 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	1/23 1929
20 UNDERTAKER Wm Cook	ADDRESS 1217 N Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 22 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42022

91-002

CERTIFICATE OF DEATH

E 42022

1—PLACE OF DEATH Presbyterian Home of Maryland REGISTERED NO. 73

CITY OF BALTIMORE: (No. 822 N. Carrollton ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriet Ellen Mitchell

(a) RESIDENCE NO. 822 N. Carrolton ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 27 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 12 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Edward Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Sarah Ann Stuart

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Records of Home

(Address)

15 Filed JAN 22 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/ 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 21, 1929, that I last saw h alive on Jan 21, 1929 and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Compression, M. D.

, 19 (Address) 3402 Gallaway ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 23 1929
20 UNDERTAKER	ADDRESS
Chas. G. Black	142 W. Fourth ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

N 2 2 1929

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42023

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42023

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1625 Division St. 14-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Green

(a) Residence No. 1625 Division St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

6-DATE OF BIRTH (month, day and year) 1863

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, George W. Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER, Lankenau

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Jane L. Green

(Address) Catonsville Md.

15-

Filed JAN 23 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 21-1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929 to Jan 21 1929

that I last saw him alive on Jan 20 1929

and that death occurred, on the date stated above, at 9:40 A m.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY .....

(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Stewart M. D.

, 1929 (Address) 7 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cedar Park Md — DATE OF BURIAL, 1/24/ 1929

20-UNDERTAKER, Wm. Ges. H. Holland — ADDRESS 16 31 Druid Hill Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001

E 42024

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 E. Biddle St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Nichols

(a) RESIDENCE NO. 1325 E.Biddle St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clayton Nichols

6 DATE OF BIRTH (month, day, and year) July 7/1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER _____ Stier

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ashsch Barber

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Maryland

14 Informant F. S. Nichols (son)

(Address) Ridgewood & Unateller Aves

15 Filed JAN 23 1929, 19____ [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/29 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation- Accidental Defective tubing connecting gas heater in bed room.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. S. Cotton M. D.

(Coroner)

1/22/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Mt. Date of Burial 1/25 19 29

20 UNDERTAKER J. M. Cook ADDRESS 1217 N. Paul St

WHITE PERSONS, WITH OR AMONG WHOM THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42025

CERTIFICATE OF DEATH.

11-001

E 42025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at St. ~~Joseph Hospital~~ 10-14 St. Ward)

2-FULL NAME William Billingslee

(a) RESIDENCE NO. 714 Ensor St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) White Hall. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Agnes Marshall (niece)

(Address) 2552 McCulough St

15 Filed JAN 23 1929 C. Harry Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia-Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jos. L. Carr M. D.

1/22/29 (Coroner) (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Date of Burial Jan 25 1929

20 UNDERTAKER R. H. E. Lutt ADDRESS 1125 Lombard ave

IS THIS A PAUPER CASE? ANSWER YES OR NO. This question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42026

CERTIFICATE OF DEATH.

11-001 E 42026

1-PLACE OF DEATH St. Josephs Hospital.

City of BALTIMORE: (No. Caroline & Oliver. St. 9-18 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Butz.

(a) RESIDENCE NO. 1308 Ensor, St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white.	married.

5a If married, widowed, or divorced ~~XXXXXXXX~~ WIFE of --John J.Butz.

6 DATE OF BIRTH (month, day, and year) Feb. 4th. 1903.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25.	11.	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

PARENTS

10 NAME OF FATHER James N. Orr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sallie Reynolds.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mr. John J.Butz.

(Address) 9. N. 13th. St.

Filed JAN 23 1929 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21/1929.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia- Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. R. Walker, M. D.

(Coroner)

1/22/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys, Cem, Hampden. Date of Burial: 1/24th. 1929.

20 UNDERTAKER: J. Walter Davis. ADDRESS: 3307. Paine. St.

WHITE PAPER, WITH ENGRAVED LINES, FOR PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42027

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Eden ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Siegman

(a) RESIDENCE NO. 1406 N. Eden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Siegman

6 DATE OF BIRTH (month, day, and year) Oct 19/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER — Leonhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Siegman

(Address) 1406 N. Eden St.

15 Filed JAN 23 1929 Registrar No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/29

17 I HEREBY CERTIFY, That I attended deceased from July 18, 19 28, to Jan 20, 19 29

that I last saw h alive on Jan 20, 19 29

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Hyperpnea

(Signed) W. Lorenz, M. D.

Jan 22, 19 29 (Address) 1228 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem	Jan 24 19 29
20 UNDERTAKER Philip Herig	ADDRESS 2016 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42028

CERTIFICATE OF DEATH

11-081

1—PLACE OF DEATH

REGISTERED NO. 26-37

CITY OF BALTIMORE: (No. 3510 Claremont ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eleanor May Getz

(a) RESIDENCE NO. 3510 Claremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12/1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	2	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles E. Getz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Violet E. Wigmans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Charles E. Getz

(Address) 3510 Claremont St

15 Filed ..... 19... [illegible] Registrar

JAN 29 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 29 to Jan 21 19 29

that I last saw h[illegible] alive on Jan 21 19

and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Otitis Media

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Hill M.D.

1/22, 1929 (Address) 3508 Bank St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Jan 23 1929

20 UNDERTAKER Philip Herzog — ADDRESS 2016 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42029

CERTIFICATE OF DEATH

31

E 42029

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Ericksons Pl. St. & Ave. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Weil

(a) RESIDENCE NO. 1606 Ericksons Place WARD
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C Weil

6 DATE OF BIRTH (month, day, and year) July 13 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Weil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Rutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma C. Weil

(Address) 1606 Ericksons Place

15 Filed JAN 23 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1922, to Jan. 19, 1929, that I last saw him alive on January 19, 1929 and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 6 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory test.

(Signed) Albert Singenberg, M. D.

1/20/1929 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County.	Jan. 23 1929
20 UNDERTAKER	ADDRESS
Geo. F. Rutt	1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42030

CERTIFICATE OF DEATH.

101-001

E 42030

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 3-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Strother

(a) RESIDENCE NO. 1104 Duke Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Strother

6 DATE OF BIRTH (month, day and year) 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
29	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Mulen

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Wilkens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant C. E. Johnson

(Address) 1426 Eastern Ave

Filed JAN 23 1929 19 C. HAL JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 9 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

Signed) (Coroner) M. D.

(Address) North Ave & Penn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Sharon Cemetery 1 22 1929

20 UNDERTAKER ADDRESS

George F Ruth 1730 Harford Ave

tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 42031

E 42031

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Baltimore City Jail. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bell.(C)alias John B.Carter,(C)

(a) RESIDENCE NO. 501 S.Caroline St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

6a If married, widowed or divorced HUSBAND OF Mary Bell.(C)

6 DATE OF BIRTH (month, day, and year) August 25,1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	4	21 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0.W.O.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Florida.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Mary Bell.(C) wife.

(Address) 1013 Eatson St.

15 Filed 19 Registrar

JAN 23 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15,1929.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/22, 1929 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 1/23 1929

20 UNDERTAKER George J. Ruth ADDRESS 1730 Hanford Ave

(Signature) Registrar

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42032

99-001

E 42032 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 N. Calhoun St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob P. Hess

(a) RESIDENCE NO. 8 N Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 29 1856

7 AGE — Years: 72 Months: 5 6 Days: 23 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): New Jersey (State or country)

PARENTS

10 NAME OF FATHER: Jacob Hess

11 BIRTHPLACE OF FATHER (City or town): N J (State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Ziegler

13 BIRTHPLACE OF MOTHER (city or town): N J (State or country)

14 Informant: Mrs Elizabeth Monroe (Address) Patterson Pl.

15 Filed JAN 27 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 22nd 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th 1929 to Jan 22 1929 that I last saw him alive on Jan 21st 1929 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Bronchitis and Uremia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J Bonverhaus M. D.

1/24 1929 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 24 1929

20 UNDERTAKER: George J Smith — ADDRESS: Hollins St

IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 42033

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 42033

CERTIFICATE OF DEATH

1-PLACE OF DEATH Aged Women Home — REGISTERED NO.

City of BALTIMORE: (No. 1404 W Lexington St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate E Kellum

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	78 79	3.	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER James Kellum

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Kellum

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs Martha E Baker

(Address) 140 4 W Lexington

15 Filed JAN 23 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 15, 27 to Jan. 21, 29.

that I last saw her alive on Jan. 21, 29.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(Duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(Duration) ? yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B Jarrett M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet	Jan 23 1929
20 UNDERTAKER George J Smith	ADDRESS 132 Hollins

NOTICE TO PHYSICIANS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 42034 — 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42034

43

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 E. Baltimore St. 10 WARD)

2-FULL NAME John A. Gretz

(a) RESIDENCE No. 2238 E. Balto ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing[le]

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 22 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 58	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Gretz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Gelline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Gretz
(Address) 2228 E Balto

15 Filed JAN 23 1929 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 20 1929

17 I HEREBY CERTIFY, That I attended deceased from July 31 1928, to Jany 20 1929, that I last saw h[im] alive on Jany 20 1929, and that death occurred, on the date stated above, at 10 8 m.

The CAUSE OF DEATH* was as follows:

Cancer of the larynx and left tonsil

(duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion, 2 d

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Laryn

(Signed) Geo. L. Wilkins M. D.

. 19 (Address) 224 E 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 24 1929
20 UNDERTAKER George J Smith	ADDRESS Hollins

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42935 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001 E 42035

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Bobbity

(a) RESIDENCE No. Chase & Bridge ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 year			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Bobbity

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Conrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records

(Address)

15 Filed JAN 23 1929 HAROLD J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan-14, 1929, to Jan-21, 1929, that I last saw h/ alive on January 21, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Primary bronchopneumonia
Bf/ both lungs

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	1/25/29
20 UNDERTAKER Joseph Ahrens	ADDRESS 221 Aisquith

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 42036

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 Winter St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rasin.(C)

(a) RESIDENCE NO. 125 Winter St, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Rasin.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Harmon.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mary Rasin.(C) mother.

(Address) 125 Winter St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

1/22 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Jan. 23 1929

20 UNDERTAKER Samuel McNeely & Son ADDRESS 1300 E. Fayette St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42037

CERTIFICATE OF DEATH.

66

E 42037

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hospital 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. Harrell

(a) RESIDENCE NO. 1119 Madison Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) July 17-1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk Va

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Johnnie Harrell

(Address) Norfolk Va

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) .....yrs. One mo. ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

(Address) Jan 24 1929 North Ave & Dennison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial Jan 23 1929

20 UNDERTAKER Samuel G Wenck ADDRESS 578 N Bond

N. B.—WRITE ... tion should be carefully supplied. AGE should be stated ... OF DEATH in plain terms, so that it may be properly ... very important. See instructions on back of certificate.

CAUSE OF OCCUPATION is ... ated EXACTLY. PHYSICIANS should state ... rly classified. Exact statement of ... ate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42038 — CERTIFICATE OF DEATH — E 42038

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lament Cole

(a) RESIDENCE NO. Town Grave Pa ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of— Mary Cole

6 DATE OF BIRTH (month, day, and year) Sept 5 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 yrs	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Wm. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Hospital records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 22, 1929

that I last saw him alive on Jan 22, 1929

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo A Stampfer M. D.

1/23/29 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friedland Md

DATE OF BURIAL Jan 25 1929

20 UNDERTAKER H. H. Hobbs Town Grave Pa

ADDRESS

JAMES ON JONES, M. D.

Registrar

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42039 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 42039

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) ST., 7-13 WARD)

2-FULL NAME Baby Stokes

(a) RESIDENCE NO. 913 Patterson Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1929

7 AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Maude Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address)

15 Filed JAN 23 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18-, 1929, to 1-19-, 1929

that I last saw her alive on 1-19-, 1929

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Lawn Cemetery

DATE OF BURIAL Jan 23 1929

20 UNDERTAKER

ADDRESS 1704 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42040

101-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. E 42040

CITY OF BALTIMORE: (No. 710 Dover ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Curry

(a) RESIDENCE NO. 710 Dover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Curry

6 DATE OF BIRTH (month, day, and year) [illegible] 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice Curry

(Address) 710 Dover St

15 Filed JAN 23 1929, 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/29

17 I HEREBY CERTIFY, That I attended deceased from 1/18/, 19 29, to 1/21, 19 29, that I last saw h— alive on 1/20/, 19 29 and that death occurred, on the date stated above, at 10:18 a m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

about (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of —

Was there an autopsy?: no

What test confirmed diagnosis? Clinical

(Signed) H. H. Bartley, M. D.

1/23, 19 29 (Address) 908 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 1/24 1929

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1803 Pulaski St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

42041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42041

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland ST., 13 WARD)

2-FULL NAME Lazarus M. Stummer

(a) RESIDENCE No. Sinai Hospital — old aged home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Stummer

6 DATE OF BIRTH (month, day, and year): Jany. 28, 1831

7 AGE: Years 97. Months 11 Days 24. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Chas. Stummer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Mrs. Chas. Stummer

(Address)

15 Filed 1929 H. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-22 1929

17

I HEREBY CERTIFY, That I attended deceased from June 1927 to Jan 22 1929.

that I last saw him alive on 1-22 1929,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility

Myocardial Degeneration & Failure

Diffuse-Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth. Hebrew Cem. DATE OF BURIAL: 1/24/1929

20 UNDERTAKER: Harid Londheim ADDRESS 118-20 W. Fayette St.

JAN 23 1929

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42042

CERTIFICATE OF DEATH.

100-801

E 42042

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument ST., 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rudman

(a) RESIDENCE No. 1609 W. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE Rachael Rudman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 Eutaw

15 Filed 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 23, 1929.

that I last saw him alive on Jan. 23, 1929,

and that death occurred, on the date stated above at 2:35 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic & V. disease Cardiac Hypertrophy and Dilatation

(duration) ? yrs. mos. ds.

If Where was disease contracted if not at place of death? 1609 W. Fulton Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab & Clinical

(Signed) Lab Herman Lazt M. D.

1/23 1929 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Carmel — DATE OF BURIAL 1/23 1929

20 UNDERTAKER Jack Lewis 1439 Eutaw — ADDRESS

CAUSE OF DEATH should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sper.—2-29-28—L. F. S.—500 Bks. Frank E. Maguire

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42043

CERTIFICATE OF DEATH

11-001 E 42043

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Stricker ST. 1428 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank E. Maguire

(a) RESIDENCE NO. 235 S. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite B. Maguire

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1885

7 AGE	43 Years	Months 11	Days 24	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank B. Maguire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary B. Kurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Maguire

(Address) 235 S. Stricker St.

15 Filed JAN 25 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20th. 1929

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1929, to January 20, 1929, that I last saw h in alive on January 20, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

Pneumonia (lobar)

(duration) yrs. mos. de.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 de.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. V. Cavalcante M. D.

1/22. 1929 (Address) 22 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 24 1929

20 UNDERTAKER Tom L. Tuddo ADDRESS 200 W. Lombard

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25-12 ST. 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark Meredith Hardy

(a) RESIDENCE NO. Northern Parkway ST. Maryland WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Randall Hardy

6 DATE OF BIRTH (month, day, and year) 22 Sept 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	37	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer) Life Ins Co

(c) Name of employer Aetna Life Ins Co

9 BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

PARENTS

10 NAME OF FATHER Thos. E. Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Md

12 MAIDEN NAME OF MOTHER Kate Pearson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Helen Randall Hardy

(Address) Northern Pky

15 Filed JAN 28 1929 HARRY H. JONES, M. D. Registrar

By Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 21 Jan, 1929

17

I HEREBY CERTIFY, That I attended deceased from 26 Dec, 1928, to 21 Jan, 1929.

that I last saw him alive on 21 Jan, 1929.

and that death occurred, on the date stated above, at 10:20 a m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

Chronic Nephritis ? Uremia

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Woodruff, M. D.

, 19 (Address) Lutherian Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 29 1929
20 UNDERTAKER	ADDRESS
Stewart Mercer Co	Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42045

CERTIFICATE OF DEATH

31 V

E 42045

1—PLACE OF DEATH Provident Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Division ST., 3-4 WARD)

2—FULL NAME Cousins McDonald Roberts.

(a) RESIDENCE NO. 242 S Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	-	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank W Roberts

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary L. Wiggins

13 BIRTHPLACE OF MOTHER (city or town) Dinwiddy
(State or country) Va.

14 Informant Mother & Father

(Address) 242 S Caroline St

15 Filed JAN 21 1929 C. HANDY JONES, M. D. Registrar

261 CNV 3170

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 19, 1929.

that I last saw h/ Al alive on Jan 18, 1929

and that death occurred, on the date stated above, at 4 5A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

following Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) B Hollins, M. D.

1-19-1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
UNDERTAKER Commissioner Health	ADDRESS JAN 22 1929

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42046

CERTIFICATE OF DEATH

E 42046

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 325 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Earl J. Kidwell

(a) RESIDENCE NO. 916 E. Pratt St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Calvin K Canniere

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Dorothy Kidwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Dorothy Kidwell
(Address) 916 E. Pratt St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 22, 1929, that I last saw him alive on Jan 22, 1929, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron C. Tuck, M. D.

1/22 1929 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Jan 24 1929.

20 UNDERTAKER Wendell & Hepp ADDRESS 410 N Caro

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42047

CERTIFICATE OF DEATH

38 E 42047

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1618 Argyle Ave 4-20 WARD)

2—FULL NAME Baby Girl Ray

(a) RESIDENCE NO. 1618 Argyle (Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Fem.	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1929.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt. Md.
(State or country)

PARENTS

10 NAME OF FATHER James F. Ray

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country)

12 MAIDEN NAME OF MOTHER Kath. Eliz. Fowler

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country)

14

Informant Mother

(Address) 1618 Argyle Ave

15

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 22, 1929

that I last saw h[illegible] alive on Jan. 21, 1929

and that death occurred, on the date stated above, at 6 30 ~~8~~ a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage cerebellorum

1 hr. (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Syphilis

Congenital (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Mother's Wass. +

(Signed) W. Alexander Lovey M. D.

....., 19.... (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	Jan 23 1929
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42048

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 E. ostend ST. 24-33 WARD)

2—FULL NAME Elizabeth W. Fischbach

(a) RESIDENCE NO. 115 E. ostend ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Fischbach

6 DATE OF BIRTH (month, day, and year): Dec. 5. 1875

7 AGE: Years 53 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. md

PARENTS

10 NAME OF FATHER: Wm. F. Schoehaar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Europe

12 MAIDEN NAME OF MOTHER: Katherine Jacob

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. md.

14 Informant: Mrs. M. Hahn

(Address) 3 Kenwood ave. Edison Rd.

15 Filed JAN 2 1929 H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20/29

17 I HEREBY CERTIFY, That I attended deceased from 1/18/29, 19..., to 1/21/29, 19..., that I last saw her alive on 1/19/29, 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

CONTRIBUTORY (Secondary) Chron Arthritis (duration) 1 yrs. — mos. — ds.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. [illegible] Bentz, M. D.

, 19 (Address) 1341 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 24 1929

20 UNDERTAKER: Margret L. Flynn

ADDRESS 1422 Lan[illegible]

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42049

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 W Lombard St. 18-29 WARD)

2-FULL NAME Emma Durney

(a) RESIDENCE NO. 861 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Durney

6 DATE OF BIRTH (month, day, and year) April 3, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Villinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Mary Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ruby Spurrier

(Address) 861 W Lombard St

15 Filed JAN 23 1929 C. HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1929

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1929, to January 21, 1929, that I last saw h[illegible] alive on January 20, 1929, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 0 mos 15 ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] O'Neill M. D.

1/22, 1929 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lauden Park Cem	Jan 24 1929
20 UNDERTAKER Frank A. Fenby	ADDRESS 914 W. Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Julia Hardy

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42050

CERTIFICATE OF DEATH.

88 E 42050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST 27-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Hardy

(a) RESIDENCE No. 520 S. Sharp st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hardy

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rooming house

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Laurence Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 Filed JAN 23 1929, 19 HARRIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1929, to Jan. 19, 1929, that I last saw her alive on Jan. 19, 1929 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocardial failure

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

1-22-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Jan 24 1929

20 UNDERTAKER Holmes Howard & Son

ADDRESS 901 Hollins

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42051

CERTIFICATE OF DEATH

91-002 L

E 42051

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Barclay ST. 12-19 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Lancaster

(a) RESIDENCE NO. 1716 Barclay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred About 90 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Lancaster

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	90	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Foos

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Sinclair

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co

(State or country) Maryland

14 Informant William Lancaster

(Address) 1128 Forrest Street

15 Filed JAN 23 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to Jan 22 1929

that I last saw h. alive on Jan 21 1929

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senility

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Orders of Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Leonard Curtis M. D.

1/23/29 (Address) 1216 W Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	1/25 19 29
UNDERTAKER Henry U. Mears & Son	ADDRESS 805 W. Calvert

Spec.—1-12-23—M&T—500 Blks.

E 42052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 42052

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank P. Elliott

(a) RESIDENCE No. 520 no Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
87				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thos -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

Filed JAN 23 1929 SAMUEL C. JONES, M. D. Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-11, 1929, to 1-18, 1929, that I last saw him alive on 1-18, 1929, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial insufficiency

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Hypertension, arterio-sclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hecht, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/23 1929

20 UNDERTAKER John J. Fahey Son

ADDRESS 1318 Light

CAUSE OF DEATH to be plain (erms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42053

42053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) (Ward) 10575

REGISTERED NO. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Shultz

(a) RESIDENCE NO. 5 Talbott Road, Brooklyn, Balto. Md. (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillian E. Shultz

6 DATE OF BIRTH (month, day, and year): Sept 17. 1886

7 AGE — Years: 42 | Months: 4 | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): Wash. Elec. Railway

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John B. Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Lawn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lillian E. Shultz

(Address): 5. Talbott Road Brooklyn Md

15 Filed: JAN 23 1929 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1929

17 I HEREBY CERTIFY, That I attended deceased from September 18 1928, to January 22, 1929, that I last saw h.e alive on January 22, 1929 and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lip

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Hemorrhage from lip (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Lewis K. Hammond M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Jan 24 1929

20 UNDERTAKER: Mrs. Mrs J. W. Tingle & Son — ADDRESS: 80 W. Fayette

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 42054

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 N. Gilmore St ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Roberts

(a) RESIDENCE NO. 239 N. Gilmore St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Roberts

6 DATE OF BIRTH (month, day, and year) Sept. 27 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Roberts

(Address) 239 N. Gilmore St

15 Filed JAN 23 1929 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1929 to Jan 22 1929

that I last saw h~~e~~r alive on Jan 21 1929

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH~~was~~ as follows:

Diabetes

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John B Young M. D.

1-23-1929 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/25 1929

20 UNDERTAKER J. Few McCully

ADDRESS 1306 E. Fort

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001 E 42055

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 Bevan St. 23-31 St. Ward

2-FULL NAME Mike Dulavich.

(a) RESIDENCE NO. 916 Bevan St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed..... 19.. ..... Registrar

12-2-1929 3175

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental Illuminating gas Asphyxia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

1/22. 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Chief Clerk Bureau of Vital Statistics

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, the Certificate should be filled out by the Superintendent or other officer, and should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 42056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 42056

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 1/2 E. Hughes St. St. 22-33 Ward)

2-FULL NAME John Blackiston. (C)

(a) RESIDENCE NO. 15 1/2 E. Hughes St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	80	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed 1/23 1929 C. HARRISON JONES, M. D. Registrar

Per ... 5178

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

1/22, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

Cor.—12-9-25—A Co.—200 Bks.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42057

CERTIFICATE OF DEATH.

181-001 E 42057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 Bevan St. St. 23-31 Ward)

2-FULL NAME Marko Korniejczuk.

(a) RESIDENCE NO. 916 Bevan St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. C.C.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed 1929 C. HARRISON JONES

Per Registrar

3177

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating gas Asphyxia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/22 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

JAN 23 1929

DEPARTMENT OF HEALTH

BALTIMORE, MD.

IMPORTANT: Undertaker is hereby supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42058

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St.) 18-29 (WARD) 161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Perkins

(a) RESIDENCE NO. 929 Hollins St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 30 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Perkins

11 BIRTHPLACE OF FATHER (city or town) Panoora Co. (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucia Haynes

13 BIRTHPLACE OF MOTHER (city or town) Fayette Co. (State or country) West Virginia

14 Informant ...
(Address) ...

15 Filed C. HAMPSON JONES, M. D. Registrar

JAN 23 1929 Per 1178

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1929, to Jan. 22, 1929, that I last saw h alive on Jan 22, 1929, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Premature Labor (28 wks)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Placenta Previa

Cesarean (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis P. Roy, Jr. M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL 19

20 UNDERTAKER ... ADDRESS

UNIVERSITY OF MARYLAND Commissioner Health JAN 23 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42059

CERTIFICATE OF DEATH [redacted] NO.

1—PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE: (No. Balto Md. ST. 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Pearson

(a) RESIDENCE NO. Manassas, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosps

(Address) Balto Md.

15 Filed [illegible] 19 [illegible] Registrar

C. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-29

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1929 to 1-18, 1929

that I last saw him alive on 1-18, 1929

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema w/ Cerebro Spinal Fever

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical & Clinical findings

(Signed) Henry Feldman M. D.

1-19-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

[illegible] HOSPITAL

Commissioner Health.

JAN 23 1929

Important. See instructions on back of certificates.

JAN 23 1929 Per 3174 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 42060 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42060

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 416 W 28th St ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hugh L. Morrison.

(a) RESIDENCE NO. 416 W 28th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Late Rose E. Morrison

6 DATE OF BIRTH (month, day, and year) Dec 22, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 0/3

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Ball

(Address) 416 W 28th St

15 Filed JAN 23 1929 C. HAMPTON JONES M. D. Registrar

Per M. K. J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1929.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928, to Jan. 22, 1929.

that I last saw h— alive on Jan. 20, 1929

and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

a Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis, Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Frank H. Uhl, M. D.

. 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Jan 25, 1929
20 UNDERTAKER	ADDRESS
Thanhauser Bros	West Saratoga

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42061 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42061

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3303 Rosekemp Ave ST. 27-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Brown

(a) RESIDENCE NO. 3303 Rosekemp Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Annie Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant Mr. Brown

(Address) 3303 Rosekemp Ave

15

Filed 2 3 1929, 19 C. HAMILTON SIMS, M. D. Registrar

Per Area

Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21-1929

17

I HEREBY CERTIFY, That I attended deceased from Janu 18, 1929, to Janu 21, 1929

that I last saw h[illegible] alive on Janu 21, 1929

and that death occurred, on the date stated above, at 10 32 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Rt)

(duration) yrs. mos. 4 dys.

CONTRIBUTORY (Secondary) Lobar Pneumonia (Rt)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Morris B. Green, M. D.

1/22, 1929 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Jan 24 1929
*20 UNDERTAKER	ADDRESS
Rita Wakefield	914 Fremont Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42062

CERTIFICATE OF DEATH.

2 | E 42062

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 Eastern St. 25-11 Ward)

2-FULL NAME Frank Matousek

(a) RESIDENCE NO. 1413 Eastern St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 30 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 48 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Vaclav Matousek

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Bohemia

14 Informant: Barbara Matousek

(Address) 1413 Eastern Ave

15 Filed ..... 19..... By ..... Registrar

2 3 1929 NKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1929, to Jan. 22, 1929, that I last saw him alive on Jan. 22, 1929, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Erysipelas

(duration) ... yrs. ... mos. 6 weeks ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No Bacteriological Laboratory

What test confirmed diagnosis?

(Signed) H. Altman Agent, M. D.

, 19 (Address) 2307 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bedford — Date of Burial: Jan 23 1929

20 UNDERTAKER: Frank Brocklon — ADDRESS: 906 Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

25 | 6365 42063

HEALTH DEPARTMENT—CITY OF BALTIMORE E 42063

CERTIFICATE OF DEATH. † 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Noblin Jr. 1

(a) RESIDENCE NO. Forest. Miss ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clothi

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Miss

PARENTS

10 NAME OF FATHER Robert Noblin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss

12 MAIDEN NAME OF MOTHER Eliz - Wicker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 23 1929 C. HAMPSON JONES, M. D. Registrar

Per DEPT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 22, 1929, that I last saw him alive on Jan 22, 1929, and that death occurred, on the date stated above, at 9 5 p m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

malignant

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 22, 1929 Partial removal

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. R. Trimble M. D.

Jan 23 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest, Miss. DATE OF BURIAL Jan. 23, 1929

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-28—MAT—100 Blks.

E 42064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto. Gen. Hos. ST. 15-63 WARD)

REGISTERED NO. 188

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas Merriken

(a) RESIDENCE No. 4011 Dorchester Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Lee

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1843

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	85	3	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work real estate 045
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Merriken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachal Buckingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Charles Lee Merriken
(Address) 4011 Dorchester Road

15 Filed 1-23 1929, 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. one ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jan 22nd 1929 H. C. Flinch, M. D.
(Coroner) (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death? Dorchester Rd & Liberty Hts Ave
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Jan 24 1929

UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42065 E 42065

CERTIFICATE OF DEATH X 129

REGISTERED NO. 12-49

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305 Somerset Road ST., WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Brown Conradt

(a) RESIDENCE NO. Ridgeville, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Conradt

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. E. Asbury Davis

(Address) 305 Somerset Road

15 Filed 2 3 1929, 19 C. Hampson Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from November 6, 1928, to January 21, 1929 that I last saw her alive on January 21, 1929 and that death occurred, on the date stated above at 1 P. M. m.

The CAUSE OF DEATH* was as follows:

Cardiac disease -- dilatation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Dulany Thomas, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan. 24, 1929
20 UNDERTAKER	ADDRESS
Fow O'Mitchell & Lane	120 Eutaw St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42066

CERTIFICATE OF DEATH

44

E 42066

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. ST. 17-51 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Catherine Godfrey Grady.

(a) RESIDENCE NO. Homewood Apts. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Grady

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berlin, Md.

PARENTS

10 NAME OF FATHER Joseph Godfrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Massey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Nellie E. Grady

(Address) Homewood Apts.

15 Filed JAN 23 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to Jan. 22, 1929, that I last saw h alive on Jan. 22, 1929 and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry E. Wilson, M. D.

, 19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan. 24, 1929
UNDERTAKER	ADDRESS
John D. Mitchell & Sons	1900 Eutaw Pl.

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 42067

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 47-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Faircloth

(a) RESIDENCE NO. Seville, Ga. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. "WESTPOOL"

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER David D. Faircloth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Mary Ashley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

15 Filed , 19 [illegible] Registrar

CAUSE OF DEATH must be entered so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 19 29

17

I HEREBY CERTIFY, That I attended deceased from January 7 , 19 29 , to January 21 , 19 29 ,

that I last saw h imalive on January 21 , 19 29 ,

and that death occurred, on the date stated above, at 12: 1 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? U.S. Marine Hospital

Did an operation precede death? yes Date of January 11

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) [illegible] , M. D.

1/22, 19 29 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery

DATE OF BURIAL Jan. 24, 1929

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 1256 E. Monument

[illegible] HARRISON JONES, M. D.

JAN 24 1929

Spec.—2-29-28—L. F. S.—500 Blks.

E 42068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42068

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Cove al. ST. 1-26 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Janie Furr or Furer

(a) RESIDENCE NO. 219 Cove al. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fml	C	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Baltimore Co

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Julia Bolden

(Address) 219 Cove al.

15 Filed JAN 24 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 23, 1929, that I last saw h alive on Jan 23 1929 and that death occurred, on the date stated above, at 7-1 m.

The CAUSE OF DEATH* was as follows:

Organ Dis of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmon Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Norwood, M. D.

, 19 (Address) 919 Fayette E.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	1-24 1929
20 UNDERTAKER David Easter	ADDRESS 916 Eutaw

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42069

HEALTH DEPARTMENT—CITY OF BALTIMORE E 42069

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 2107 Hargrove St. 42nd WARD

2—FULL NAME Lillie Strauthers

(a) RESIDENCE NO. 2107 Hargrove St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1894

7 AGE: Years 35 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Thos Strauthers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Albert Strauthers

(Address): 2107 Hargrove

15 Filed JAN 24 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21/29

17 I HEREBY CERTIFY That I attended deceased from Jan 20th 1929 to Jan 21st 1929

that I last saw her alive on Jan 21st 1929

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leo. F. Loeffenbacher M. D.

1-22-1929 (Address) 4215 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 1-23 1929

20 UNDERTAKER: Daniel Tobin — ADDRESS: City

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42076

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-00 E 42076

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1319 Hilliman St. (WARD) 9th

2—FULL NAME Anna. M. Kessler.

(a) RESIDENCE NO. 1319. Hilliman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Chrlff Kessler

6 DATE OF BIRTH (month, day, and year): July 10 1853.

7 AGE: Years 75 | Months 6 | Days 12 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: William Platt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothy Krick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Stevens

(Address) 1319. Hilliman st

JAN 4 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Jan 22, 1929.

that I last saw her alive on Jan 22, 1929

and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza - pneumonia

(duration) yrs. mns. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Herbert A. Mapp, M. D.

Jan 23 1929 (Address) 1166 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 25 1929.

20 UNDERTAKER: Geo. J. Roth.

ADDRESS: 1735 Harford

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42071

101-001

CERTIFICATE OF DEATH

E 42071

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Bayer

(a) RESIDENCE NO. Lenhiman ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	wid.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Lenhiman's

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Elias Bayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records [illegible] (Address) [illegible]

15 JAN 24 1929 [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-29

17 I HEREBY CERTIFY, That I attended deceased from 1-17, 1929, to 1-20, 1929, that I last saw him alive on 1-20, 1929 and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, typ

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Lab.

(Signed) [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	1/24 1929
20 UNDERTAKER	ADDRESS
Jno J. Fahey Sons	1318 Light St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42072

CERTIFICATE OF DEATH

GOE 42072

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Lemmon ST., 19-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Murray

(a) RESIDENCE NO. 1305 Lemmon ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col'd	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Murray

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER George Everson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jno McCormick

(Address) 1305 Lemmon St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to Jan 24 1929, that I last saw h alive on Jan 24 1929 and that death occurred, on the date stated above, at 1330 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

Jan 24, 19 (Address) 1305 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 24 1929
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams & Schroeder	322

IMPORTANT: See instructions on back of certificate.

JAN 24 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 42073

CERTIFICATE OF DEATH

E 42073

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2808 Southern Ave WARD) 27-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johanna Ernst

(a) RESIDENCE NO. 2808 Southern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelm Ernst

6 DATE OF BIRTH (month, day, and year) June 21 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	58	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Karl Boehle

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Louise Ernst

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Carl Boehle
(Address) 2808 Southern Ave

15 Filed JAN 24 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1929 to Jan 22 1929

that I last saw h alive on Jan 21 1929

and that death occurred, on the date stated above, at 2:20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Howard Bruenechen, M. D.

1-22 1929 (Address) 3002 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 25 1929
20 UNDERTAKER John Ulrich	ADDRESS 2008 Edmondson

Spec.—1-12-23—M&T—500 Bks.

42074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 42074

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 826 Edmondson Ave. (If not in hospital, give WARD) REGISTERED NO.

2-FULL NAME Mrs H Smith

(a) RESIDENCE NO. 826 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick County

PARENTS

10 NAME OF FATHER Wm H Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co

14 Informant (Address) Mrs H Smith 826 Edmondson Ave

15 Filed JAN 24 1924 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/ 19 24

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 19 24, to Jan 24th, 19 24.

that I last saw h alive on Jan 20, 19 24.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Contributory (Secondary) Cerebral Hemorrhage (duration) 4 yrs. mos. 2 ds.

Arteriosclerosis (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Smith M. D.

1/24, 19 24 (Address) 1414 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel, Conn. DATE OF BURIAL Jan 24 19 24

20 UNDERTAKER Samuel G Wemsley ADDRESS W Baltimore

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42075

CERTIFICATE OF DEATH.

74-001 E 42075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Linden Av ST. 11-24 WARD)

2-FULL NAME Daniel Mabin

(a) RESIDENCE NO. 724 Linden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Mabin

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edith Mabin

(Address) 724 Linden Ave.

15 Filed JAN 24 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Jan. 21, 1929, that I last saw her alive on Jan 21, 1929 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

Jan 24, 1929 (Address) 1230 Druid Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/24/29

20 UNDERTAKER Samuel Hawley

ADDRESS 1128 Bolton

CAUSES OF DEATH must be stated plainly. Indefinite terms, such as "Debility," "Old Age," "Exhaustion," "Convulsions," "Paralysis," "Heart Disease," "Cancer," "Tumor," "Fever," "Abscess," "Child-bed," "Accident," "Injury," "Fracture," without explanation of their cause, are insufficient. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 0 42076

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Traction St. 13 59 WARD)

2-FULL NAME Elizabeth Bivens

(a) RESIDENCE No. 1502 Traction ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas M Bivens

6 DATE OF BIRTH (month, day, and year) Jan 17 52

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mc Kown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lue Kemp Bivens (Address) 1502 Traction St

15 Filed ..... 19..... Registrar

APR 4 1929 C. HARRISON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Jan 22, 1929

that I last saw h e alive on Jan 22, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis.

(Acute Cardiac Dilitation)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C O Lloyd, M. D.

, 19 (Address) 1232 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel Cemetery	Jan 24 1929
20 UNDERTAKER W M Rowson	ADDRESS 2235 N Mt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

42077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 7 E 42077

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. General Hospital ST. 16-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Amanda Ludwig

(a) RESIDENCE NO. 2302 W. Lanvale St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew V. Ludwig

6 DATE OF BIRTH (month, day, and year) Feb 9 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ferdinand Hahn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Gertrude McReld.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital records.

(Address)

15 Filed JAN 24 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 29

17

I HEREBY CERTIFY, That I attended deceased from 1-20—, 1929, to 1-23-, 1929,

that I last saw her alive on 1-23—, 1929

and that death occurred, on the date stated above, at 9 10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast - (Left)

?

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 1-21-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Thos A Crumpton M.D.

1-23, 19 29 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL Jan 26 1929

20 UNDERTAKER H M Routzon

ADDRESS 2230 N Avenue

Cor.—10-10-29—A Co.—100 Bks.

E 42078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 42078

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 614 Warner St. 22-30 Ward)

2-FULL NAME Conrad H. Dirring

(a) RESIDENCE NO. 614 Warner St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 1864

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	10.	27.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Dirring

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Carolina Marqueting

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant J. Fred. Dirring
(Address) 614 Warner St

15 Filed JAN 24 1929 19 ... CHARLES H. JONES, M. D. Registrar

JAN 24 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 — 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D.

1/23, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 24 1929
20 UNDERTAKER Charles H Keehner	ADDRESS 1632 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42079

E 42079

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 N. Potomac St., (or WARD) 6-11

2-FULL NAME John J. Jennings

(a) RESIDENCE No. 1 N. Potomac St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 30, 1869

7 AGE: Years 69 Months 7 Days 28

If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Monumental Steel Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Andrew Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Julia Caulfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Audrey E. Jennings

(Address) 1 N. Potomac St.

15 Filed ..., 19... Per ... Registrar

HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 28, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Phy Ex

Signed: H. C. Hobbs, M. D.

19 (Address) 175 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

UNDERTAKER: Maynard L. Hynes

DATE OF BURIAL: Jan. 26, 1929

ADDRESS: 1422 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42080

CERTIFICATE OF DEATH.

179 E 42080

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 16-36 Ward)

2-FULL NAME Michael Musa

(a) RESIDENCE NO. 242 Riverview Ave St. Helena Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Musa

6 DATE OF BIRTH. (month, day, and year) Aug. 10, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town)

(State or country) Austria Hungary

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Catherine Musa (wife)

(Address) 242 Riverview Ave St. Helena

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 22nd 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd Burns. Fireman Blown out & walked through steam. ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Lusk M. D.

(Coroner)

Jan 22 1929 (Address) North Rut Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disposition of body made if not at place of death? Bethlehem Steel Co.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg, Pa. Date of Burial Jan 24, 1929

20 UNDERTAKER John J. Glenn ADDRESS 715 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42081

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Bayliss ST. [illegible] WARD)

2-FULL NAME Anthony Knorr

(a) RESIDENCE NO. 301 S. Bayliss ST. 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Katherine Knorr

6 DATE OF BIRTH (month, day, and year) Aug 12th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 26

(b) General nature of industry, business, or establishment in which employed (or employer) Sherwood Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Peter Knorr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Anna M. Paul. Daughter 301 S Bayliss

15 Filed JAN 24 1929, 19 C. BARTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1929 to Jan 22 1929, 19...

that I last saw him alive on Jan 22 1929, 19...

and that death occurred, on the date stated above, at 3.01 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Mitral Regurgitation (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilation (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

1929 (Address) 800 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 26 1929
UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St

CROSS OUT DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 42082

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Eastern Ave. 1-3 WARD)

2-FULL NAME Margaret Cecelia Parker

(a) RESIDENCE NO. 2333 Eastern Ave. ST. 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Brantley B. Parker.

6 DATE OF BIRTH (month, day, and year) Feb. 25th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George A. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Dora Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Dora Ward (Mother) 2333 Eastern ave

15 Filed JAN 24 1929 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21st 1929

17

I HEREBY CERTIFY, That I attended deceased from Jany 15 1929 to Jany 21 1929.

that I last saw her alive on Jany 19 1929,

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

Jany (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R Kilby M. D.

Jany 23 1929 (Address) 1005 Pikesville Rd

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Jan 26 1929

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 4218 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

E 42083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 42083

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 N. Port ST. 6610 (WARD)

2-FULL NAME Edward J. Kelly

(a) RESIDENCE NO. 9 N. Port ST. 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box Maker 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frauds Bachmann

Address 909 Pat St

Filed JAN 2 1929, 19

C. HARRY JONES, C.

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Jan 23, 1929.

that I last saw him alive on Jan 21, 1929,

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

15 minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene L. Cronin Jr. M. D.

1. 23. 1929 (Address) 5. 4 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan. 25 1929

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 400 S. Wolfe St

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 E Biddle St (ST.) 11-15 (WARD)

2-FULL NAME Lukens Wood

(a) RESIDENCE NO. 6 E Biddle ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1 29

B 42084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Wood

6 DATE OF BIRTH (month, day, and year) Dec 14 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
85	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Wm Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Christiana Lukens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs W. H. Pittman
(Address) 6 E Biddle St

15 Filed JAN 2 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1- 1927, to Jan. 22- 1929.

that I last saw h alive on Jan. 22. 1929.

and that death occurred, on the date stated above, at 11:25 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
about
(duration) 10 yrs. — mos — ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What tests confirmed diagnosis? Lab

(Signed) Edward Krause M. D.

Jan 23 1929 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Burying Ground — DATE OF BURIAL: Jan 25 1929

20 UNDERTAKER: Bertram Gore — ADDRESS: 1723½ Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42085

CERTIFICATE OF DEATH

11-001 E 42085

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Aisquith St ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Etta Jawhon

(a) RESIDENCE NO. 436 Aisquith St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jawhon Jawhon

6 DATE OF BIRTH (month, day, and year): — 1839

7 AGE: Years 90 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Leopold Jawhon
(Address): 436 Aisquith St

15 Filed JAN 24 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1929, to Jan 23, 1929.

That I last saw her alive on Jan 23 1929

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Congestion of the Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical only

(Signed) Jacob M Heller M. D.

1/23, 1929 (Address) 1613 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest — DATE OF BURIAL: Jan 24 19 29

20 UNDERTAKER: Jack Lewis — ADDRESS: 1409 E Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

21785
21 E 42086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 159-003 E 42086

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

2-FULL NAME Charles Carr -

(a) RESIDENCE NO. 607 Sylvan Ave ST., ... WARD Cumberland
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Exact date unknown about 1yr. 6 mos.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Alfred Carr -

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. Sa

12 MAIDEN NAME OF MOTHER Leona Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records —
(Address)

15 JAN 2 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 23 1929 to Jan 28 1929.

that I last saw him alive on Jan 28 1929.

and that death occurred, on the date stated above, at 5-5-PM.

The CAUSE OF DEATH* was as follows:

Encephalocoele

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 23

Was there an autopsy? Yes. Extirpation

What test confirmed diagnosis?

(Signed) C. R. Trumbo M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland, Md — DATE OF BURIAL Jan 26 1929

20 UNDERTAKER Wm. J. Ticknet & Son — ADDRESS Mott St

IMPORTANT—This certificate may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42087 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42087

CERTIFICATE OF DEATH.

100-09

1-PLACE OF DEATH West Baltimore General Hosp

CITY OF BALTIMORE: (No. Rayner & Dukeland ST. 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Kemp

(a) RESIDENCE NO. 2140 Brookfield Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon M. Kemp

6 DATE OF BIRTH (month, day, and year) May 31 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robbins (Augustus)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Todd-

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant George L. Kemp

(Address) 2140 Brookfield Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 23, 1929

that I last saw h alive on Jan 23, 1929

and that death occurred, on the date stated above, at 12:30 P. m

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

, 19 (Address) West Balto Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan. 25, 1929

20 UNDERTAKER H. Graham Sons

ADDRESS North Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500,000

E 42088

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 42088

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N Linwood St. (or) WARD 11)

2-FULL NAME Ida Grace Bollack

(a) RESIDENCE NO. 227 N Luzerne ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Bollack

6 DATE OF BIRTH (month, day, and year) Sept 5" 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clifton Dudrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Alice Bembert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ged Bollack
(Address) 227 N Luzerne St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 19 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 14 19 29 to Jan 22 19 29

that I last saw her alive on Jan 21 19 29

and that death occurred, on the date stated above, at 6.30 pm

The CAUSE OF DEATH* was as follows:

Influenza, Lobar Pneumonia, Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ged Bollack M. D.

(Address) 227 N Luzerne St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 25 19 29

20 UNDERTAKER Geo M. Fiss & Son — ADDRESS 811 N Howard

THON is very important See instructions on back of certificates.

Sped.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42089 Mary M Fischer CERTIFICATE OF DEATH 100-E 42089

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Broadway ST., Fenchurch WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lydia Fisher

(a) RESIDENCE NO. 804 Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) 064

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benedict Burkhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Eastwood

(Address) 802 N Broadway

15 Filed JAN 24 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/29

17 I HEREBY CERTIFY, That I attended deceased from 4/53, 1926, to 1/28, 1929, that I last saw her alive on 1/21, 1929 and that death occurred, on the date stated above, at 5:15P m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Expl

(Signed) R. H. Stuck, M. D.

1/22, 1929 (Address) Balt. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 25 1929
20 UNDERTAKER	ADDRESS
Henry Stock & Sons Inc.	1201 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 42090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 42090

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp 12-50 WARD)

2-FULL NAME Charles B. Coleman

(a) RESIDENCE No. 335 E. 20th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine B. Coleman

6 DATE OF BIRTH (month, day, and year) Feb. 16th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Works

(c) Name of employer Mutual Chemical Co.

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Catherine B. Coleman

(Address) 335 E. 20th St.

15 Filed JAN 24 1929 HAROLD JONES II Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 19 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 19 , 19 29 , to Jan 23 , 19 29.

that I last saw h[illegible] alive on Jan 23 , 19 29,

and that death occurred, on the date stated above, at 6:20 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Toxaemia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 25 1929

20 UNDERTAKER Pratt & Lassahn ADDRESS Lona Pulliston

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Emma M Woods.

42091

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 42091

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 16-68

CITY OF BALTIMORE: (No.) 33rd ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs John J. Woods (Emma)

(a) RESIDENCE NO. 1209 Poplar grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Woods.

6 DATE OF BIRTH (month, day, and year) Sept 26, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Gustav Walbrecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed JAN 24 1929, 19 Agnes Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 19 28, to Jan 23, 19 29

that I last saw her alive on Jan 22, 19 29

and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacilli in sputum

(Signed) T C Thompson, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 26 19 29
20 UNDERTAKER Lee K Little	ADDRESS 2.03 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42092

CERTIFICATE OF DEATH.

90-E 42092

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 906 Harlem ST. 16-23 (WARD)

2-FULL NAME Mary E. Templeton

(a) RESIDENCE NO. 906 Harlem Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20. 1839

7 AGE. Years: 89 Months: 3 Days: 3 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James B Templeton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frank Templeton

(Address) 906 Harlem Ave

15 Filed JAN 24 1929 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1916, to Jan 23, 1929, that I last saw her alive on Jan 23, 1929, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Senility, Mitral valve insufficiency

(duration) 13 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp M. D.

1/23, 1929 (Address) 4025 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL 19

20 UNDERTAKER: Geo W Little

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42093

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Bernard Wess

42093

CERTIFICATE OF DEATH.

REGISTERED NO. 91-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F Barrenger

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Lazarus Barenga

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Bernuth

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley St

15 Filed JAN 24 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/18, 1929, to 1/25, 1929, that I last saw h alive on 1/24, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cutaneous (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D Bernstein M. D.

1/25/29 (Address) 1916 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 25 1929

20 UNDERTAKER Frank V. Albertone — ADDRESS 28 S. Bond St

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42094

CERTIFICATE OF DEATH.

1929

E 42094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Harbor Hospital St. 1-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ben Belcher

(a) RESIDENCE NO. 118 S Madeira street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Belcher

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) unknown

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Anna Belcher

(Address) 118 Madeira Street

FILED JAN 24 1929 HARBOR DIST. H. D.

JAN 24 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ACC

Drowning

(Duration) ... yrs. ... mos. — ds.

CONTRIBUTORY (Secondary)

Jan 24 29

(Duration) 0 yrs. ... mos. — ds.

(Signed) H. B. Slade M. D.

(Coroner)

, 19 (Address) 1437 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbor Hill Date of Burial Jan 26 1929

20 UNDERTAKER Theodore F Hatz ADDRESS 1120 Fleet

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

22135

100-98

E 42095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 42095

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (NAME) 1400

2-FULL NAME. Doris McMullian

(a) RESIDENCE NO. 2200 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-27-25

7 AGE — Years: — Months: 5 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rosa McMullian

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed JAN 24 1929 Registrar

NAME OF JONES, M. D.

3180

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 19, 1929, that I last saw h[illegible] alive on Jan 19, 1929, and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 3 weeks yrs. mos ds.

CONTRIBUTORY (Secondary) cellulitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) T. C. Goodwin, M. D.

1/22 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓

E 42096

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 42096

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Henry

(a) RESIDENCE NO. 930 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 1st

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	about 48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) Steamship Co

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Records

(Address)

15 Filed JAN 24 1929 C. HAMILTON JONES, M. D.

Registrar

3173

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to HIS death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Autopsy at Hopkins Hospital)

(duration) yrs. 11/2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

(Signed) J. H. Watts M. D.

(Coroner)

19 1/23/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL JAN 24 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 42097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 42097

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bernice ave. (ST.) 25-32 (WARD)

2-FULL NAME Alice Hale.

(a) RESIDENCE NO. Bernice ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hale.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dennis Blundell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna McCluskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William Hale Jr. (Address) West Pat

15 Filed JAN 24 1923 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1923

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1923, to Jan 23, 1923, that I last saw her alive on Jan 22, 1923, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 2d yrs. 2d mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Raymond Gilman, M. D.

(Address) Lakeland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	1/27 1923.
20 UNDERTAKER Edward Foulon	ADDRESS 2307 W Pratt

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42098 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-01 42098

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 N. Bentalow ST. 15-68 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Grunberg

(a) RESIDENCE NO. 2016 N. Bentalow ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 7-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm Grunberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Mildred Goldberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1429 Eholls. St.

15 Filed JAN 24 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 29, to Jan 24, 19 29.

that I last saw h[illegible] alive on Jan 24, 19 29

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) A. L. Hornstein, M. D.

1/24, 1929 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	1/24 1929

20 UNDERTAKER Jack Lewis

ADDRESS 1429 E. Balto

Cor.—12-9-25—A Co.—200 Bks.

E 42099

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 42099

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1847 W. Lombard St. 19-24 Ward)

2-FULL NAME Dora Dulin

(a) RESIDENCE NO. 1847 W. Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) HUSBAND of Thomas Dulin

6 DATE OF BIRTH (month, day, and year) March 20, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER James Galley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Truitt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. Mary E. Lease

(Address)

Filed JAN 24 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis (Sudden)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. O. Brantz M. D.

(Coroner) 1/25 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial 1 25 1929

20 UNDERTAKER: John J. Fields — ADDRESS 1200 W. Lombard

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate. Every question must be properly answered. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

E 42100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42100

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Wolfe ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elaine Clark,

(a) RESIDENCE NO. 1644 N. Wolfe ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs 2 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm L Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary L Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Wm L Clark

(Address) 1644 N. Wolfe St

15 Filed 2 4 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-20, 19 29, to 1-24, 19 29, that I last saw her alive on 1-24, 19 29, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Nagler, M. D.

1/27, 19 29 (Address) 1500 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jany 25 1929
20 UNDERTAKER Robt L. Lumenere	ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Pds.

E 42101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42101

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Keeley

(a) RESIDENCE NO. 4322 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E. Brown

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	65 yrs.	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14

Informant

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 24 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 23, 1929, that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 7 40 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - oesophagus and larynx

(duration) ? yrs. 3 mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 13 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of Jan 10, 1929

Was there an autopsy? yes

What test confirmed diagnosis? Clinical facts & autopsy

(Signed) Walter W. Eagle, M. D.

Jan 27 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	1/26 1929
20 UNDERTAKER John G. Connelly	ADDRESS City

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 42102

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Hemlock Rd. ST. 7-43 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice A. Link

(a) RESIDENCE NO. 2818 Hemlock Road ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 17-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Bernard M. Link

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie E. Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Bernard M. Link
(Address) 2817 Hemlock Road.

15 Filed JAN 24 1929 . 19 HAMPDEN HOUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 . 1929 . to Jan. 22 . 19 29.
that I last saw her alive on Jan. 22 . 19 29
and that death occurred, on the date stated above, at 12.40 P. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Bronchitis, endocarditis not known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Herman A Yonge M. D.

. 19 (Address) 5400 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	1/24 19 29
20 UNDERTAKER Leonard J. Ruck	ADDRESS 6405 Belair Rd

THIS IS very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42103

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 16-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenie Prevost

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 22 Feb: 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	86	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Annie Prevost

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Julie Prevost

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant Little Sisters of the Poor
(Address) Preston & Valley St.

15 Filed JAN 24 1929, 19 HAMILTON [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 23 Jan: 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 19 to Jan 23, 19 29.

that I last saw her alive on Jan 23, 19 29.

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Jan 24, 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Jan 25, 1929

20 UNDERTAKER Rita Windfeld

ADDRESS 14 Granger Ave

IMPORTANT See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42104

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 4-26 (Name)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Williams

(a) RESIDENCE No. Inasmuch Mission ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Marilda Robins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14

Informant Hospital Records

(Address)

15

Filed ..... 24 1929, 19 .....

Mar 3184 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929, to Jan. 24, 1929, that I last saw him alive on Jan. 24, 1929 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith, M. D.

1-24 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

19

20 UNDERTAKER

ADDRESS

JAN 24 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 42105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42105

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 73-31 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Newkirk

(a) RESIDENCE NO. 906 Fraidenhall ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): ?

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: James Newkirk

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Lutta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records Of

(Address)

15 Filed 19 Registrar

8185

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-21-29

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1929, to 1-21, 1929, that I last saw him alive on 1-21, 1929 and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Aortitis, Luetic, with Aortic Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuffici-ency

(duratinn) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray & Path.

(Signed) J. W. Fisk M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred & Buried in Asbury Cem

DATE OF BURIAL: April 26/29

20 UNDERTAKER: Leonard McLuckie

ADDRESS: 695 Pierce St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42106 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42106

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-24 ST. WARD) REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sam Street

(a) RESIDENCE NO. 941 Druid Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wed

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Stroud

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records Dept

(Address)

15 Filed C. 19 Registrar

24 1929 3186

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 . 1929 . to Jan 19 . 1929 . that I last saw him alive on Jan 19 . 1929 . and that death occurred, on the date stated above, at 3:30 p . m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
And Uremia

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) unknown yrs. mos.

Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Wirth M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremated Jan 20, 1929 Not Entered

DATE OF BURIAL 1/20/29

20 UNDERTAKER John N Toadvine

ADDRESS 1079 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

E 42107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42107

155

REGISTERED NO. 13-52

1-PLACE OF DEATH

City of BALTIMORE: (No. 813 W. 36th St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Giles

(a) RESIDENCE NO. 813 W. 36th St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine A. Giles

6 DATE OF BIRTH (month, day, and year): April 1st 1861

7 AGE: Years 67 | Months 9 | Days 22 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B & O R.R. 006

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Michael Giles

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anne Hughes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Catherine A. Giles

(Address) 813 W. 36th St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 23rd 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1 — 1928, to January 23, 1929, that I last saw h[illegible] alive on January 23, 1929, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH was as follows:

Osteomyelitis of femoral

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Suppurative Synovitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death? Hospital

Did an operation precede death? Yes Date of Dec 3 1928

Was there an autopsy? No Clinical Laboratory

What test confirmed diagnosis?

(Signed) Harry M Pleyn M. D.

1/23. 1929 (Address) 104 N Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 1/25 1929

20 UNDERTAKER: Chas. P. Maus & Son ADDRESS 11 W. Mt. Royal Ave.

2 4 1929

ARA

Of DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 42108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3613 Liberty Hts. Ave ST. 15-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann McNulty

(a) RESIDENCE No. 3615 Liberty Hts. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Jno McNulty

6 DATE OF BIRTH (month, day, and year): June 12-1862

7 AGE — Years: 66 Months: 7 Days: 11 If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Rev Martin L. McNulty (Address) 3613 Liberty Heights Ave

15 Filed ..... 19 ..... Registrar

JAN 24 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15- ....., 1929, to 1-23- ....., 1929, that I last saw h[illegible] alive on 1-23- ....., 1929, and that death occurred, on the date stated above, at 5.20a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Amerrit Lovell M. D.

1/29, 1929 (Address) 3705 Liberty Hts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL 1/25 1929

20 UNDERTAKER: Chas S. Ward & Son ADDRESS 1118 N Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

42109 HEALTH DEPARTMENT—CITY OF BALTIMORE 42109

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida De Conway

(a) RESIDENCE NO. 12 Hill St, Annapolis St., Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizar. A. De Conway

6 DATE OF BIRTH (month, day, and year) Oct 7 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	64	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Thomas Featherstone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Melvina Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs E DeConway

(Address) Annapolis Md

15 2 4 1929 . 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 . 1928 . to Jan 24 . 1929.

that I last saw her alive on Jan. 23 . 1929.

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Embolism of Pulmonary or coronary artery -

(duration) 2 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis & Cardio-sclerosis - (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. E. Lacy, Jr. M. D.

. 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis, Md DATE OF BURIAL Jan 25 1929

20 UNDERTAKER B I Hopkins ADDRESS Annapolis

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Last statement of C...

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42110

CERTIFICATE OF DEATH.

X 125

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No.) 14-20 ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma - Cozens

(a) RESIDENCE NO. Brooklyn ville Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (or) WIFE of Andrew George Cozens

6 DATE OF BIRTH (month, day, and year) Oct-5-1873

7 AGE	Years	Months	Days 18	If LESS than 1 day, hrs or ... min.
55	55	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Nashville (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Michael Molden Hauer

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Julia Molden Hauer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Andrew George Cozens (Address) Brooklyn ville Md. Rural

15 JAN 24 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 23 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan - 20 , 19 29 , to Jan - 23 , 19 29 , that I last saw h[illegible] alive on Jan - 23 , 19 29 , and that death occurred, on the date stated above, at 1 40 A m.

The CAUSE OF DEATH* was as follows:

acute pancreatitis

(duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) peritonitis

(duration) ✓ yrs. ✓ mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan-22-29

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) Earle P. Clemson, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem

DATE OF BURIAL Jan 26 1929

20 UNDERTAKER Henry W Kentz & Sons

ADDRESS 711 Cathedral

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74006 E 42111

1—PLACE OF DEATH

CITY OF BALTIMORE? (No. 3403 Alto Ave. ST. 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fred H. Samstag

(a) RESIDENCE NO. 3403 Alto Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Samstag

6 DATE OF BIRTH (month, day, and year) June 25, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soft Drinks & Cigars

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Washington, (State or country) D. C.

PARENTS

10 NAME OF FATHER Moses Samstag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ruth Samstag

(Address) 3403 Alto Ave.

15 Filed 1/24 1929 By C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/26/28, 19..., to 1/24/29, 19..., that I last saw him alive on 1/24/29, 19..., and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure - terminal pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. H. Young, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheb Shalom Cem.	1/27/ 1929

20 UNDERTAKER David Sondheim

ADDRESS 18-20 W. Mo. Royal Ave

Spec.—1-12-23—M&T—500 Blks.

E 42112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42112

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (7-4 ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Chase or Michael Cich Jr.

(a) RESIDENCE No. 532 S. Ann st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box maker

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Michael Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Catherine Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 2-4 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1928, to Jan. 23, 1929,

that I last saw him alive on Jan. 23, 1929

and that death occurred, on the date stated above, at 3.35 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-23 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 26 1929
20 UNDERTAKER J. W. Ozazewski	ADDRESS 1930 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 42113 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-901 E 42113

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 806 S. Bond ST., 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Beran.

(a) RESIDENCE NO. 806 S Bond. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma. Beran.

6 DATE OF BIRTH (month, day, and year): 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Long shoreman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0/K

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John. Beran.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: John Beran Jr.

(Address): 1825 Bank St.

15 Filed 2-1 1929 19 MH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23-29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18 19 29 to Jan. 23 19 29.

that I last saw him alive on Jan. 23 19 29

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary): Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest Feinglas M. D.

1/24 19 29 (Address) 2002 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 26 1929

20 UNDERTAKER: J W Brozenski ADDRESS: 1980 Eastern a.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42114

CERTIFICATE OF DEATH.

E 42114

188-008

1-PLACE OF DEATH University Hospital 15-22

City of BALTIMORE: (No. _____ St. _____ Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lang.

(a) RESIDENCE NO. 1309. N. Fulton Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~or~~ WIFE of: Mrs. Chas Lang.

6 DATE OF BIRTH (month, day, and year): August 1 1859

7 AGE: Years 69 yrs. Months 5 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer): City of Balto

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Lang

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Katherine E Lang

(Address) 1979 W Lafayette Balto

15 Filed _____ (19) _____ Registrar

24 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall from truck (accidental) fract. skull, cerebral hemorrhage fract left clavicle

(duration) _____ yrs. 12 hrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Eugene Zeller M. D.

(Coroner)

1/24, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial Jan 26 1929

20 UNDERTAKER: Harry W. Ehlen ADDRESS 1949 W. Fayette Ave

Cor.—12-9-25—A Co—200 Bks. STATEMENT OF OCCUPATION IS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42115

CERTIFICATE OF DEATH X 101-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Lynn Crest St. 20-79 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Martin Miller

(a) RESIDENCE NO. 410 Lynn Crest ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Miller 2/5/29

6 DATE OF BIRTH (month, day, and year) August 15 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2/5/29	38	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer Hutzler Bros Co

9 BIRTHPLACE (city or town) (State or country) Milwaukee Wis

PARENTS

10 NAME OF FATHER Fritz Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Catherine Miller

(Address) 410 Lynn Crest St

15 FILED 2 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 24, 1929, that I last saw h living alive on Jan 24, 1929, and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) acute myocardial Degeneration (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm Mitchell M. D.

Jan. 1929 (Address) 7901 Simons Ave Clr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milwaukee Wisconsin	Jan 27 1929
20 UNDERTAKER Joseph L Cook	ADDRESS 1003 W Balto St.

Spec.—1-10-21—M&T—1500 Bks.

E 42116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42116

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1307 N. Stockton ST. 15-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Johnson.

(a) RESIDENCE NO. 1307 N. Stockton ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B Johnson.

6 DATE OF BIRTH (month, day, and year) May 14-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Willis Louis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Madison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm B. Johnson
(Address) 1307 N. Stockton

15 Jan 24 1929 C. HAMILTON JONES, M. D. Registrar

Per RAB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Jan 22, 1929, that I last saw h alive on Jan 22, 1929 and that death occurred, on the date stated above, at 5.26 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. mos 4 ds

CONTRIBUTORY (Secondary) Influenza (duration) yrs. 3 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Rich, M. D.

Jan 23rd 1929 (Address) 1307 N. Stockton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem DATE OF BURIAL Jan 25th 1929

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145-003

E 42117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3518 Seventh St., Brook (ST.) 25-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace M. Gwaltney

(a) RESIDENCE NO. 3518 Seventh St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Gwaltney

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	35	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Padgett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rosa Bain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. Samuel H. Gwaltney

(Address) 3518 Seventh St.

15 Filed 2 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 19 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 19 29, to Jan 25, 19 29, that I last saw her alive on Jan 25, 19 29, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Flu — Confinement —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. T. Bruce, M. D.

1-25 19 29 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weaverly Va — DATE OF BURIAL Jan 25 1929

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in all items. Print plainly. Use ink. Sign name in full.

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 42118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 E. Biddle St. 11-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla Kavanaugh

(a) RESIDENCE NO. 1409 E. Biddle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 15 - 1833

7 AGE: Years 95 | Months 4 | Days 8 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

PARENTS

14 Informant Family

(Address) 1409 E. Biddle St.

Filed ..... 19..... Registrar

2 1579

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23 - 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/10/29 19..... to 1/23/29 19..... ,

that I last saw alive on 1/24/29 19..... ,

and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

Senility. Heart failure

Vascular insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alf Engel, M. D.

1/24/29 (Address) 1709 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial 1/26 1929

20 UNDERTAKER: Chas. F. Wane & Son — ADDRESS 1180 W. Royal Ave

If DEATH occurred in a hospital or institution, or if the body is to be cremated, this certificate must be filled out completely and accurately in every particular. FAILURE to state correctly and fully the OCCUPATION of any person for whom a certificate is required is a misdemeanor, and subjects the person failing, and the undertaker, to a penalty of $20.00. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 42119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42119

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 E. North ave Ward 17)

2-FULL NAME Sarah C. Thomas

(a) RESIDENCE NO. 1629 E. North ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thomas

6 DATE OF BIRTH (month, day, and year): July 8 - 1855

7 AGE — Years: 73 | Months: 6 | Days: 16 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Egan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Mary Donohue

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.

14 Informant Mrs. Sadie Willing

(Address) 1629 E. North ave

15 Filed ..... 19 ..... Registrar

Per A R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 24, 1929, that I last saw her alive on Jan 23, 1929, and that death occurred, on the date stated above, at 2-45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

1/24. 1929 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 1/28 1929

20 UNDERTAKER: Chas F. Evans & Son — ADDRESS: Biddle Royal ave

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42120

CERTIFICATE OF DEATH

E 42120

1—PLACE OF DEATH

REGISTERED NO. 100-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2303 Arunah St. Ave WARD)

2—FULL NAME Mollie N. McEntire

(a) RESIDENCE NO. 2303 Arunah Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Mar. 20 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Saml McEntire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilda Boulden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Mrs Marion Price

(Address) 2303 Arunah Ave.

15 Filed 25 1929, 19 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1929, to Jan 22nd, 1929,

that I last saw her alive on Jan 22nd, 1929

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchi-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? case

(Signed) H. R. Kiser, M. D.

1/23, 1929 (Address) 39 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Presbyterian Cem.	1-25 1929
20 UNDERTAKER	ADDRESS
Wm Fleckner Sons	North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42721 — CERTIFICATE OF DEATH — E 42121

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 854 S Eutaw ST. 21-3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Sweeney —

(a) RESIDENCE NO. 854 S Eutaw ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Geo A. Sweeney —

6 DATE OF BIRTH (month, day, and year) March 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 73	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Geo A Sweeney —

(Address) 87 Fremont Ave N.Y.

15 Filed 2 5 1929, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22-1929

17 I HEREBY CERTIFY That I attended deceased from Nov 1 1928 to Jan 22 1929

that I last saw her alive on Jan 21 1929

and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) immediate ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) indefinite ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Spellmeyer M.D.

1 24 1929 (Address) 652 Work Blvd -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 25 1929

20 UNDERTAKER Wm F Weltmer Sons — ADDRESS North Ave & Pa

Spec.—1-12-23—M&T—500 Bks.

E 42122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

E 42122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3318 Noble St (Ward) 26-39

2-FULL NAME Elizabeth A Robertson

(a) RESIDENCE NO. 3318 Noble St ST., WARD 26

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Robinson

6 DATE OF BIRTH (month, day, and year) Aug 26 - 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	92	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Philip Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rachel —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo Stanton (Address) 3318 Noble St

15 JAN 25 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/20 1929, to 1/22 1929, that I last saw her alive on 1/21 1929 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Amputation of Thigh

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Breast

duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wright Snyder M. D.

1/22, 1929 (Address) 1332 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leister Cemetery Carroll Co.	Jan. 25 1929

20 UNDERTAKER George L. Schwartz ADDRESS 201 Edmondson Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42123

CERTIFICATE OF DEATH.

1929 E 42123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 849 Woodyard St. 21-29 (Ward)

2-FULL NAME Ida V. Williams

(a) RESIDENCE NO. 849 Woodyard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustus Williams

6 DATE OF BIRTH (month, day, and year): Sept. 15-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER: John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hester Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: George D. Williams

(Address) 616 N. Pt. Cres. St.

15 Filed JAN 25 1929, 19... C. HAMILTON JONES, M. D., Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1929

17

I HEREBY CERTIFY, That I attended deceased from April, 1928, to Jan 24, 1929,

that I last saw h alive on Jan 21, 1929,

and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lumpkin, M. D.

, 19 (Address) 3409 Lakeway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Cemetery | DATE OF BURIAL: Jan 27 1929

UNDERTAKER: George L. Schwab | ADDRESS: 1001 Eutaw Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42124

CERTIFICATE OF DEATH

E 42124

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 N. Wolfe ST. (WARD) 8-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. Millard

(a) RESIDENCE NO. 1112 N. Wolfe ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie Millard

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Long & Shoreman

(c) Name of employer

9 BIRTHPLACE (city or town) St Mary Co
(State or country) Md

PARENTS

10 NAME OF FATHER Lippy Millard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Sally Gunn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Susie Millard
(Address) 1112 N. Wolfe St

15 Filed JAN 25 1929, 19 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-29

17

I HEREBY CERTIFY, That I attended deceased from Jany 9, 19 29, to Jany 22, 19 29
that I last saw him alive on Jany 22, 19 29
and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Paranoia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Mental depression & worry

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? medical exam

(Signed) J. H. Walter, M. D.

, 19 (Address) 1511 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL 1-26 19 29

20 UNDERTAKER Byron Knight

ADDRESS 1218 McCulloh St

Spec.—2-29-28—L. F. S.—500 Blks.

E 42125

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 42125
Col'd.

CERTIFICATE OF DEATH

1—PLACE OF DEATH The aged Men & Women's Home REGISTERED NO.

CITY OF BALTIMORE: (No. 1622 Druid Hill Av ST. 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Stevens

(a) RESIDENCE NO. 1622 Druid Hill Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) inmate of home

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg
(State or country) W. Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Lucie Ellis

(Address) 1622 Druid Hill Ave.

JAN 25 1929 VITAL STATISTICS, H.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 22, 1929

that I last saw her alive on Jan 21, 1929

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 4 yrs mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) D. M. McCard, M. D.

1/24. 1929 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan. 25 1929
20 UNDERTAKER John H. Soudrin	ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

Satisky

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42126 E 42126

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 3-5 WARD)

2-FULL NAME Samuel Satisky

(a) RESIDENCE NO. 1000 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6 DATE OF BIRTH (month, day, and year) Sept 15 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Satisky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Tobie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. Satisky

(Address) 1000 E Lombard st

Filed JAN 25 1929 HAMPTON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1929, to 1/24, 1929, that I last saw h[illegible] alive on 1/24, 1929, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) H. H. Silver M. D.

1/24 1929 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 1/25 1929

20 UNDERTAKER Hof Hannan & Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

42127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 42127

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N Bradford. ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August D. Larson

(a) RESIDENCE NO. 1212 N Bradford ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Larson

6 DATE OF BIRTH (month, day, and year): Febr 2nd 1864

7 AGE: Years 64 Months 11 Days 21 If LESS than 1 day, ... hrs. or ... min.

75

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason 075

(b) General nature of industry, business, or establishment in which employed (or employer): For Himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Margaret Larson (Address) 1212 N Bradford St.

15 Filed JAN 25 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 . 1929 . to Jan 23 . 1929.

that I last saw h alive on Jan 22 . 1929.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Reuter M. D.

Jan 25 1929 (Address) 1201 N Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Pa DATE OF BURIAL: Jan 25th 1929

20 UNDERTAKER: Leo G. Cook ADDRESS: 1723 Pratt St

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 42128

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Osborn

(a) RESIDENCE NO. 1715 Eastern ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE 74 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Bill

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Friend

(Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 24 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1929, to 1-21, 1929, that I last saw h[illegible] alive on 1-21, 1929, and that death occurred, on the date stated above, at 2:00 A. m.

The CAUSE OF DEATH* was as follows: Broncho pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Alcoholism; fracture of Radius (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease cntracted ? if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
JOHNS HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42129
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1941 E 42129

21-53

REGISTERED NO.

City of BALTIMORE: (No. 208 Hanover St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas W. Cole.

(a) RESIDENCE NO. 819 Roland Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

3a If married, widowed or divorced, HUSBAND of XXXXXXXXXXXX Adele Cole.

6 DATE OF BIRTH (month, day, and year) September 10, 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Monumental Printing Company.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas W. Cole.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Minerva S. Sweiger.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Carroll J. Sweiger. (uncle)

(Address) 722 E. 41st. St.

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound through the Heart.
Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Hobt Steinardt M. D.
(Coroner)

1/24 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Jan 26 1929

20 UNDERTAKER Fred A. Schaneker. ADDRESS 703 S. Howard

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 42130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 170 ✓ E 42130

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 Hanover St, St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Sweiger.

(a) RESIDENCE NO. Denver Colorado. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 25, 1875

7 AGE Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
53	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign Painter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph A. Sweiger.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Von Scherry.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Carroll J Sweiger. (brother)

(Address) 722 E. 41st St.

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1929. 10?

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound through the Heart, Suicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

1/24. 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County Date of Burial Jan 25 1929

20 UNDERTAKER Fred A. Wenzel & Son ADDRESS 703 Hanover

JAN 25 1929

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 42131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. 33rd, ST. 12-4-4 WARD)

2-FULL NAME Peter Fraimie

(a) RESIDENCE No. 610 W. 33rd, ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Susana Fraimie

6 DATE OF BIRTH (month, day, and year) Feb 21 - 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86.	11	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Oil dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER George Fraimie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Davis

(Address) 610 W. 33rd

Filed JAN 25 1929 HARRY H. JONES, M. D. Registrar

Dur

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 23, 1929,

that I last saw h live on Jan 23, 1929,

and that death occurred, on the date stated above, at 8 12 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Ac. Dilitation heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. W. Ward, M. D.

1/25, 1929 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Jan 26 1929
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 W. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Schaefer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42132

CERTIFICATE OF DEATH

11-002

E 42132

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital STREET 24-35 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME BERNARD Schaefer Schaefer

(a) RESIDENCE NO. 1618 E. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md —

PARENTS

10 NAME OF FATHER ~~Dominic~~ Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Charlotte westing house

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charlotte Schaffer (Address) 1618 E. Clement St.

15 Filed JAN 25 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 24, 1929, that I last saw him alive on Jan 24, 1929 and that death occurred, on the date stated above, at 2 12 a m.

The CAUSE OF DEATH* was as follows:

Streptococcic Meningitis

4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 1618 E. Clement St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings + Spinal puncture

(Signed) Addison Craft Ryley M. D.

19 (Address) Sydenham Hospital 1-25-29

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R. C. Co. DATE OF BURIAL Jan 26 1929

20 UNDERTAKER Margaret J. Flynn ADDRESS 1411 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42133

CERTIFICATE OF DEATH

E 42133

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Division ST., 6-9 WARD)

2—FULL NAME Jusious Putney

(a) RESIDENCE NO. 1516 Mulliken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
49	48		—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Willie Putney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sally Putney

(Address) 511 Bethell St

15 Filed. C. Harrison, Registrar.

M 23 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-29.

17 I HEREBY CERTIFY, That I attended deceased from 1-14- 19 29, to 1-23 19 29

that I last saw h(illegible) alive on 1-23 19 29

and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mulberry

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Jackson M. D.

1/23 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garratt Co. Va — DATE OF BURIAL Jan 25 1929

20 UNDERTAKER D. Edward Bryan — ADDRESS 1631 Orleans st

Spec.—1-12-23—M&T—500 Bks.

Fleming

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42134

CERTIFICATE OF DEATH.

66 E 42134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Greenmount Ave ST.) (12-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas F. Leming

(a) RESIDENCE NO. 1320 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Coffee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mr. Dominic Fleming 1320 Greenmount Ave

15 Filed JAN 25 1929 C. WAMPLER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 23, 1929.

that I last saw h[illegible] alive on Jan 23rd, 1929.

and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Toomey M. D.

, 19 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL Jan 26 1929

UNDERTAKER Edmund W. Conklin ADDRESS 924 E Eager

Spec.—2-29-28—L. F. S.—500 Bks.

E 42135

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 42135

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Castle ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Sahlmann

(a) RESIDENCE NO. 627 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 16 ds. How long in U. S., if foreign born? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ late George Sahlmann

6 DATE OF BIRTH (month, day, and year) Aug. 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER M. Burkhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Henry Ruppel

(Address) 1123 N. Central Ave.

15 Filed JAN 29 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1929 to Jan 24 1929

that I last saw h alive on Jan 24 1929

and that death occurred, on the date stated above, at 7.27 A M.

The CAUSE OF DEATH* was as follows:

Uremia Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Conner M. D.

Jan 24 1929 (Address) 527 E. City Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 26 1929
20 UNDERTAKER	ADDRESS
Henry Houck & Sons	1301 E. Eager St.

N 25 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42136

CERTIFICATE OF DEATH

E 42136

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 913 Russell ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Oliver Sloan

(a) RESIDENCE NO. 913 Russell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17 - 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Isaach Sloan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Angeline Pelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Isaac Sloan
(Address) 913 Russell st

15 Filed JAN 25 1929 Harriet Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 22, 1929, that I last saw him alive on Jan 22, 1929 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. M. Thatcher, M. D.

1/23, 1929 (Address) 1005 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Jan 25 1929
20 UNDERTAKER	ADDRESS
A. L. Brown & Son	West Mulberry

Spec.—1-12-23—M&T—500 Bks.

E 42137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42137

CERTIFICATE OF DEATH

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 129 N. Fremont Ave ST. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Sohl

(a) RESIDENCE No. 120 N. Fremont Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs 9 mos 2 ds. How long in U. S., if of foreign birth 75 yrs 9 mos 2 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katy Sohl

6 DATE OF BIRTH (month, day, and year): April 20 1853

7 AGE: Years 75 Months 9 Days 2 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Katy Sohl 120 N. Fremont ave

15 Filed JAN 25 1929 H. HANSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/22/1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 21, 1929, that I last saw h[illegible] alive on Jan 21, 1929 and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Indefinite (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Not Date of

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) Henry Glassman, M. D.

Jan 25 1929 (Address) 768 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Jan 25 1929

20 UNDERTAKER: F. B. Westphal ADDRESS: 1850 W. Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 42138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 W. Franklin St. 20-69 WARD)

2-FULL NAME Mary McGainey

(a) RESIDENCE No. 2406 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of late Hugh McGainey

6 DATE OF BIRTH (month, day, and year) May 1. 25 ~~1846~~ 1849

7 AGE 79 Years 8 Months 22 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Pat Daud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Kate McGainey

(Address) 2406 W. Franklin St

15 Filed 1/25 1929 C. Howard Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 23, 1929, that I last saw h[illegible] alive on Jan 22 - 1929 and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas Story, M. D.

1/23. 1929 (Address) 729 Linden. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/26 1929

20 UNDERTAKER H. C. Brauning Son

ADDRESS 1136 Poplar Grove St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42139

CERTIFICATE OF DEATH.

1888-103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 3-4

2-FULL NAME Antonio Venditte.

(a) RESIDENCE NO. 1513 Bank St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- mos. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Angeline Venditte.

6 DATE OF BIRTH (month, day, and year) October 26, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	2	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Isidore Venditte.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Madrons.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Mary Vitale. (daughter)

(Address) 2066 Kennedy Ave.

15 Filed....., 19... C. HAMPSON JONES M. D. Registrar

Per Life

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 28, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries, struck and knocked down by an Auto truck.

Occidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto K. Bernstein M. D.
(Coroner)

1/24 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Light + Lill Sts. Jany 28, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Jan 26, 1929

UNDERTAKER Martin W.C. Dippel ADDRESS 27 E. Lanvale St

very important. See instructions on back of certificate. Last statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42140

CERTIFICATE OF DEATH.

188-103

E 42140

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Women Hosp. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Hudgins

(8) RESIDENCE NO. 1509 Park Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Hudgins

6 DATE OF BIRTH (month, day, and year): Oct 14, 1858

7 AGE — Years: 70 Months: 3 Days: 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: David Gunkle

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Lemmon

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs Wm Hudgins

(Address) 1509 Park Ave

15 Filed..... 19.....

C. HARRISON JONES, M.D.

Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23rd 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Auto accident, (duration) yrs. mos. 5 hours

CONTRIBUTORY (Secondary)

(Signed) (duration) yrs. mos. ds.

(Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — Date of Burial: Jan. 25, 29

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Pl

very important. See instructions on back of certificate. FOR NATURE OF OCCUPATION 1a

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42141

CERTIFICATE OF DEATH

90 E 42141

1—PLACE OF DEATH Hebrew Aged Home

CITY OF BALTIMORE: (No. Belvedere & Green Spring Ave. ST. 27-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chia Laeh Katzman

(a) RESIDENCE NO. Hebrew Aged Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bazel Katzman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Yankel Josephson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Brocha ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.,

15 Filed JAN 25 1929 HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 24 - 29

17 I HEREBY CERTIFY, That I attended deceased from Sept- , 1928, to Jan - 24 - , 1929

that I last saw h er alive on Jan - 24 - 30 , 1929

and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

about 2 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

1/25, 1929 (Address) 2404 Entaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	1-25- 19 29

20 UNDERTAKER

ADDRESS 1439 E. Balto. Street

Spec.—2-29-28—L. F. S.—800 Bks.

E 42142 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

44 E 42142

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 W. North ave ST. 15-18 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Miliman

(a) RESIDENCE NO. 2421 W. North ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Miliman

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia Lomenmark

PARENTS

10 NAME OF FATHER Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Simons Brunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Miliman

(Address) 2421 W. North ave

15 Filed NOV 25 1929 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-29

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1929, to Nov. 25 1929, that I last saw h alive on June 24 1929 and that death occurred, on the date stated above, at 1.0 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver (Cancer)

x (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Nursing & bronchitis of Hard

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tried

(Signed) Edmund, M. D.

Nov. 1929 (Address) 1605 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nelsen Mt Sinai	11/28 1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto

Spec.—1-10-21—M&T—1500 Bks.

Rita Claire Hummell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42143

CERTIFICATE OF DEATH.

100-01 E 42143

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3743 Culver St. 20-70 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Claire Hummell

(a) RESIDENCE No. 3743 Culver ST., ... WARD 20

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 7 1928

7 AGE — Years: — Months: 4 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Francis D Hummel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ann McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W Va

14 Informant: Francis Hummel

(Address): 3743 Culver St.

Filed JAN 25 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 21, 1929, to Jany 24, 1929, that I last saw her alive on Jany 24, 1929, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Heart Failure

(duration) yrs. — mos. — ds. 1

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Henry J Stahmer, M. D.

1929 (Address) 249 Augusta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 1/25/1929

UNDERTAKER: E. J. Fanning & Son — ADDRESS: 386 Lafayette Ave

ATTENTION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42144

CERTIFICATE OF DEATH

90 E 42144

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1816 W Baltimore ST., 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Richardson

(a) RESIDENCE NO. 1102 Brentwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER James L McDowell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Martha Cooke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant W F McDowell

(Address) 1816 W Baltimore St

Filed JAN 25 1929 HAMILTON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 23, 1929.

that I last saw h alive on Jan 23, 1929

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion
of Lungs due to acute
Failure of heart muscle
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1102 Brentwood Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H. J. Hamm M. D.

1/24, 1929 (Address) 1822 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Jan 25 1929
20 UNDERTAKER George J Smith	ADDRESS 653 Hollins

Spec.—1-12-23—M&T—500 Blks.

E 42145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 42145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2644 Bernard St. 12-51 WARD)

2-FULL NAME Mary E. Mooney.

(a) RESIDENCE NO. 2644 Bernard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16/1927.

7 AGE — Years: 1 — Months: 4 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto city Md.

PARENTS

10 NAME OF FATHER: George E. Mooney.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ida. White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Ida. Mooney. (mother)

(Address) 2644 Bernard St

Filed JAN 25 1929

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 24, 1929.

that I last saw her alive on 1929.

and that death occurred, on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) W. A. Darby M. D.

Jan 24, 1929 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cem (Hampden) — DATE OF BURIAL: 1/26/1929

20 UNDERTAKER: Walter Davis — ADDRESS: 3307 Paine St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42146

CERTIFICATE OF DEATH.

101-01 E 42146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4329 Ruxleston Rd St.) 15-58 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Clay North

(a) RESIDENCE NO. 4329 Ruxleston Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie M North

6 DATE OF BIRTH (month, day, and year) Oct 12 66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62	63	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sun Rout Op

(b) General nature of industry, business, or establishment in which employed (or employer) Carrier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frazier

12 MAIDEN NAME OF MOTHER Ind.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Geo R North

(Address) 4329 Ruxleston Rd

Filed 1-25 1929 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21. 1929, to Jan 23 1929.

that I last saw h— alive on Jan 23 1929

and that death occurred, on the date stated above, at 11 P m

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Aikhurst, M. D.

1-26, 1929 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Jan 26 1929

20 UNDERTAKER W M Coulson

ADDRESS 223 N Arlington Ave

Spec.—1-10-21—M&T—1500 Bks.

E 42147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-00 E 42147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 8-11 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Effie Bauersfield

(a) RESIDENCE NO. 1119 S. Eleanor St. Elmwood Ave

(Usual place of abode) ST. WARD

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
X Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Bauersfeld

6 DATE OF BIRTH (month, day, and year) Nov. 28-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Virginia Eastman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Hospital Records

Filed JAN 25 1929 HAMILTON JONES, M. D. Registrar

War

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-29

17 I HEREBY CERTIFY, That I attended deceased from 1-18-29, 19 , to 1-22-29, 19 , that I last saw h alive on 1-22-29 19 and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos 2 5 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. L. Jamison M. D.

, 19 (Address) St Joseph the public

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cemetery DATE OF BURIAL Jan 26 1929

20 UNDERTAKER George W. Zirkle ADDRESS 1737 E. Pratt St.

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42148 E 42148

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kelch

(a) RESIDENCE NO. 647 S. Linwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late George Kelch.

6 DATE OF BIRTH (month, day, and year) Nov 10 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 097

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Schumacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address)

Filed JAN 25 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928, to Jan 23, 1929, that I last saw her alive on Jan 23, 1929, and that death occurred, on the date stated above, at 11:50 P.m.

The CAUSE OF DEATH* was as follows:

Toxemia from infected stump.
Bronchopneumonia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Diabetes, Simplex fract.

(duration) yrs. mos 20 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1/2/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Edward Stevenson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Jan 27 1929

UNDERTAKER Wm. C. Miller & Son ADDRESS 2334 Huff

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42149

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4502 Schley Ave., Raspeburg ST. 27th WARD)

2-FULL NAME Betty June Gauss

(a) RESIDENCE NO. 4502 Schley Ave., Raspeburg ST. 27th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles H. Gauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Myra Lee Biven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14

Informant Charles H. Gauss

(Address) 4502 Schley Ave., Raspeburg

Filed JAN 25 1929 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1929, to Jan. 24th, 1929, that I last saw her alive on Jan. 24th, 1929, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1/24, 1929 (Address) A. L. Wilkinson, 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/26 1929

20 UNDERTAKER Eschbrenner Bros.

ADDRESS 1039 Hanover

TION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Bks.

E 42150

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 42150

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 5036 Queensberry St. 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella L Devereux

(a) RESIDENCE NO. 5036 Queensberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas E Devereux

6 DATE OF BIRTH (month, day, and year): July 2-1871

7 AGE — Years: 58 — Months: 11 — Days: 22 — IF LESS than 1 day ..... hrs. nr ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen McGeary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Thomas E Devereux

(Address) 5036 Queensberry St

15 Filed JAN 25 1929

19 H. M. JAMES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 January 24-1929

17 I HEREBY CERTIFY, That I attended deceased from January 22. 19 29. to January 24 19 29.

that I last saw h.. alive on January 24 19 29.

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Chr Myocarditis

(duration) yrs. mns 5 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumonia

(Signed) Chas F Chesshire M. D.

(Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mem Cathedral — Date of Burial: Jan 28 1929

20 UNDERTAKER: H. C Brauning - Inc — ADDRESS: 1136 Poplar

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42151

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 42151

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2000 E. Madison ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME CHARLES J. RICHARDS Jr.

(a) RESIDENCE NO. 2000 E. Madison ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) June 20, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles J. Richards

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mragaret Mertz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Charles J. Richards (Father)
(Address) 2000 E. Madison St.

15 Filed JAN 25 1929 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th 19 29, to Jan 24th 19 29,
that I last saw him alive on Jan 23rd 19 29
and that death occurred, on the date stated above, at 1.20 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Jan 24, 1929 (Address) 1801 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan. 26, 1929

20 UNDERTAKER Henry Sander & Sons. Inc. — ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—1-10-21—M&T—1500 Bks.

E 42152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42152

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Augusta ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Plummer

(a) RESIDENCE NO. 420 Augusta ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) June 18. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John F. Plummer 2nd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ruth A Robison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: J Frank Plummer

(Address): 420 Augusta St

15 Filed JAN 25 1929, H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24. 1929 10 40 AM

17 I HEREBY CERTIFY, That I attended deceased from Jan 14. 1929. to Jan 24. 1929.

that I last saw h alive on Jan 23. 1929.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Frick M. D.

Jan 27 1929 (Address) 936 E Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 26 1929
20 UNDERTAKER	ADDRESS
John B. Spence	1325 N Caroline St

FROM 14 days after death. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42153 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09 E 42153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette STS. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvester Zukowski

(a) RESIDENCE NO. 1512 Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Zukowski

6 DATE OF BIRTH (month, day, and year) Dec 31 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Marie Zukowski (Address) 1512 Madison Ave

15 Filed JAN 25 1929 C. HAMILTON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Jan. 24, 1929, that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 7:05 A m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman M. D.

1/24. 1929 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Jan 26 1929

20 UNDERTAKER M. W. E. Duppler & Son — ADDRESS

FRONT very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—600 Blks.

E 42154 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42154

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 11-001

CITY OF BALTIMORE: (No. 3602 Glenayle Ave. ST. 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. William B. Shipley

(a) RESIDENCE NO. 3602 Glenayle Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Shipley

6 DATE OF BIRTH (month, day, and year) May 12 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist 056

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Charles G. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Alice A. Shipley

(Address) 3602 Glenayle Ave

15 Filed JAN 25 1929 HARRY JONES, M.D. Registrar

By ... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 19 29, to Jan 23, 19 29, that I last saw h. Wife alive on Jan 22nd, 19 29 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Fatty tissue over heart

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of Jan 13th 29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical History and Findings

(Signed) W. B. Shipley, M. D.

(Address) 3602 Glenayle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel	Jan. 26 1929.

UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42155

CERTIFICATE OF DEATH

42155

11-001

E 42155

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Buena Vista Ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Gates

(a) RESIDENCE NO. 3612 Buena Vista Ave ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah J. Gates

6 DATE OF BIRTH (month, day, and year): April 24 1861

7 AGE: Years 67 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman obr

(b) General nature of industry, business, or establishment in which employed (or employer): Poole Eng. & Mch. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Montgomery Co. Md.

PARENTS

10 NAME OF FATHER: Frank Gates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Katie Hazel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mrs. Sarah J. Gates

(Address): 3612 Buena Vista Ave

15 Filed APR 25 1929 19 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 24-1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 24, 1929, that I last saw him alive on Jan 23 1929 and that death occurred, on the date stated above, at 3 05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/24, 1929 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden)

DATE OF BURIAL: Jan 28 1929

UNDERTAKER: Horace H. Burgee

ADDRESS: 3? Falls Road

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42156

100-E 42156

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Elm Ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha A. Ulrich

(a) RESIDENCE NO. 3319 Elm Ave. ST., 13. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of Isaac T. Ulrich

6 DATE OF BIRTH (month, day, and year) Sept. 12-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Charles C. McCleary

(Address) 759 E. 36th St.

15 Filed ..., 19 C. HARRY ... Registrar

JAN 25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1929, to 1-24 1929, that I last saw her alive on 1-24, 1929 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Neudsen M. D.

, 19 (Address) 873 N. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's (Hamden)	Jan. 26 1929
20 UNDERTAKER	ADDRESS
Horace M. Burgee	363 Falls Rd

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42157

CERTIFICATE OF DEATH.

86 E 42157

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Baltimore & Fayette Sts. 12-57 WARD)

2-FULL NAME Emory Otis Fisher

(a) RESIDENCE No. 3609 Buena Vista Ave. WARD 13
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Pansy Pauline Fisher

6 DATE OF BIRTH (month, day, and year) May 7, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Bernard Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Cora Buffington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Pauline Fisher
(Address) 3609 Buena Vista Ave.

15 Filed JAN 25 1929 19 C. HAMPTON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21 1929 to Jan. 23 1929.
that I last saw him alive on Jan. 23 1929.
and that death occurred, on the date stated above, at 9:30 P. m.
The CAUSE OF DEATH* was as follows:
Acute nephritis.
Possible Septicemia
(duration) yrs. 2 mos days ds.
CONTRIBUTORY (Secondary) Pericarditis & endocarditis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B. Shuman M.D.
(Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Jan. 28 1929

20 UNDERTAKER Forade F. Burgee — ADDRESS 6631 Pulaski Rd.

(1) IMPORTANT is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42158

CERTIFICATE OF DEATH.

E 42158

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE. (No. 4-30 ST., 9th-02 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Myers

(a) RESIDENCE NO. 209 Gunk alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
About 80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed N 25 1929 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-2 1924, to 1-21 1929, that I last saw h[illegible] alive on 1-20 1929 and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis general: Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hinks M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	1/26/29

20 UNDERTAKER Samuel G. Bennett ADDRESS 1[illegible]8 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42159

CERTIFICATE OF DEATH

V 42159

101-08 42159

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 818 Tyson ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie Chase

(a) RESIDENCE NO. 818 Tyson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Cooking in private home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Stephen Sampson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Minnie Chase Sr
(Address) 818 Tyson St

15 Filed ....., 19 .....

C. HARRISON JONES, M. D.
Registrar

JAN 25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29- 1928 to Jan 23- 1929

that I last saw h[illegible] alive on Jan 22 1929

and that death occurred, on the date stated above, at 4-40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. exam.

(Signed) Chas J Keller M. D.

1-25 1929 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	1/26 1929

20 UNDERTAKER Samuel H Hemsley

ADDRESS 1718 Bridle

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 42160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42160

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Bentley St. 11-74 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wrens Dorsey

(a) RESIDENCE. No. 1103 Bentley St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col-	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co.

12 MAIDEN NAME OF MOTHER Ada Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ada Dorsey
(Address) 1103 Bentley St.

15 Filed ..... 19 ..... C. HAMP... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23. 1929. (to Jan 24. 1929.
that I last saw h living alive on Jan 23 - 1929.
and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller M. D.

1/25. 1929 (Address) 222 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Sepulchre Cem. DATE OF BURIAL: 1/26 29

20 UNDERTAKER: Edward J. Newcomb ADDRESS: 527 N. Eutaw St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-901 E 42161

E 42161

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 E. Church St. St. 22-33 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Martin.(C)

(a) RESIDENCE NO. 24 E. Church St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know. 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Martin.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Lillie Cross.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Sarah Martin.(C) sister.

(Address) 1032 N. Franklin St.

AN 25 1929

[illegible] 19 [illegible] C. HAMILTON BOYD, M.D. Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 23, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

1/25 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery Date of Burial 1/26 19 29

20 UNDERTAKER [signature] ADDRESS [illegible]

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—50C Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42162

CERTIFICATE OF DEATH

74-001 E 42162

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Milton Ave. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward O. Ruth

(a) RESIDENCE NO. 28 N. Milton Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Ruth

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Frances J. Ruth

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Adams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Alice Anna Ruth
(Address) 28 N. Milton ave

15 Filed JAN 25 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 23, 1929, that I last saw him alive on Jan 23/29, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

Signed Wm E. Blades, M. D.

21 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cem.	Jan. 26 1929
20 UNDERTAKER	ADDRESS
Wm E. Black	927 N. Broadway

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42163

CERTIFICATE OF DEATH.

101-001

E 42163

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3701 Calloway ave St. 13-59 Ward

2-FULL NAME William Allen Fuller

(a) RESIDENCE NO. 3701 Calloway ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 3 mos. √ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Jagnes Fuller

6 DATE OF BIRTH (month, day, and year) Oct 20 1881

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	41	3	√	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Expert Statistics

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Dept Labor

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER William F Fuller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Susie Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

PARENTS

14 Informant Mrs Lester Jagnes Fuller

(Address) 3701 Calloway ave

15 Filed 1929 C. HAMPSON Jones, Registrar

By For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 25 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 25, 1929, that I last saw h alive on Jan 24, 1929, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Primary

(duration) yrs. mos. √ ds.

CONTRIBUTORY (Secondary) Chron Diffuse Arterio Sclerosis

(duration) √ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Lumsden, M. D.

1/25, 1929 (Address) 918 N Patterson Pk a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Lorraine Park Cemetery Jan 28 1929

20 UNDERTAKER — ADDRESS

Chas. S. Black 742 W Lanvale

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42164

CERTIFICATE OF DEATH

E 42164

1—PLACE OF DEATH Presbyterian Home of Maryland

REGISTERED NO. 11-007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 822 N. Carrollton ave ST.) (WARD) 16-29

2—FULL NAME Mary Ellen Pack

(a) RESIDENCE NO. 822 N. Carrollton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob C. Pack

6 DATE OF BIRTH (month, day, and year) Jan 22 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER John Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records of the Home

(Address)

15 Filed JAN 25 1929, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 24th, 1929, that I last saw h alive on Jan 23, 1929 and that death occurred, on the date stated above, at 7-10 a.m.

The CAUSE OF DEATH* was as follows:

Senile

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lampson, M. D.

, 19 (Address) 3409 Calloway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 26 1929
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. Lafayette ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42165

100-001

E 42165

CERTIFICATE OF DEATH

REGISTERED NO. 1929

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 412 S. Parrish St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion W. Hommerbocker

(a) RESIDENCE NO. 412 S. Parrish St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

.a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Howard F. Hommerbocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Morrissett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Howard F. Hommerbocker

(Address) 412 S. Parrish St

15 Filed JAN 25 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 21- 1929, to Jan 24, 1929, that I last saw h[illegible] alive on Jan 24, 1929 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Uncomplicated

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Estelle Hemming, M. D.

1/25 1929 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1/26/29

UNDERTAKER Jerry J. Nickle ADDRESS 531 N. Lombard St

Spec.—2-29-28—L. F. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42166

CERTIFICATE OF DEATH

74-002

E 42166

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) L Balto. Gen. Hosp. (St.) 22-34 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Margaret Fogdon

(a) RESIDENCE NO. 1607 Harden Court (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilfred Fogdon

6 DATE OF BIRTH (month, day, and year) 1/18/1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work 037

(b) General natore of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas H. Bayne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Mary Kellum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

JAN 25 1929, C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/29

17 I HEREBY CERTIFY, That I attended deceased from 1/19, 1929, to 1/25, 1929

that I last saw h[illegible] alive on 1/25, 1929

and that death occurred, on the date stated above, at 12:15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Goldbloom M. D.

1/25, 1929 (Address) No. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cemetery

DATE OF BURIAL Jan 28 1929

20 UNDERTAKER Harold L Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 42167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 42167

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST. 22-30 WARD)

2—FULL NAME Charles Eyerly.

(a) RESIDENCE NO. 411 W. Pratt. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara H. Eyerly

6 DATE OF BIRTH (month, day, and year) April 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor. 61

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Melvin Pyles

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob F. Eyerly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster, Pa.

12 MAIDEN NAME OF MOTHER Mary Lu Bolin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Mr. John Eyerly

(Address) Pasadena, Md.

15 Filed JAN 25 1929 C. Hartman, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan. 24, 1929,

that I last saw h. alive on Jan. 24, 1929

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy,
Cerebro-Vascular Renal Disease, Hypertension.
Terminal Bronchio Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia,

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes.

(Signed) E. F. Hurbach M. D.

1/24, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan. 26, 1929
20 UNDERTAKER Joseph D Cook	ADDRESS 1007 West Baltimore St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42168

E 42168

REGISTERED NO.

1-PLACE OF DEATH Baltimore, Md.

City of BALTIMORE: (No.) 2013 Bolton St. (Ward) 13-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Salakes

(a) RESIDENCE NO. 2013 Bolton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Oct 21 1892

7 AGE — Years: 36 Months: 3 Days: 4 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country):

PARENTS

10 NAME OF FATHER: Jacob Salakes

11 BIRTHPLACE OF FATHER (City or town): Russia City

(State or country):

12 MAIDEN NAME OF MOTHER: Rachel Handelsberg

13 BIRTHPLACE OF MOTHER (City or town): Balto. Md

(State or country):

14 Informant: Marion Salakes

(Address) 2013 Bolton St.

15 JAN 25 1929 H. HANSON JONES, M. D. Registrar

Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1929

17 I HEREBY CERTIFY, that I attended deceased from July, 1925, to Jan 25, 1929, that I last saw h. alive on Jan 24, 1929, and that death occurred, on the date stated above, at 2 35 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (broncho)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Lab.

(Signed) Sidney I. Levy, M. D.

Jan 1929 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemetery Date of Burial: Jan 27 1929

20 UNDERTAKER: J. Hanson & Co.

ADDRESS 2432 Reisterstown Rd

Be sure that DISEASE is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Or Calvin 2105 N Bath St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42169 — 101-001 — E 42169

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 540 N Pulaski ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph H. Johnson

(a) RESIDENCE NO. 540 N. Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Mulatto	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda J Johnson

6 DATE OF BIRTH (month, day, and year) Nov 15, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 088

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Julia E Cockrell (Address) 540 N Pulaski St

15 Filed JAN 25 1929 C. HAMPSON JONES, By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/26— 19 29, to 1/25— 19 29, that I last saw h.. alive on 1/24— 19 29 and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Typical symptoms

(Signed) Chas E Cook, M. D.

1/25, 19 29 (Address) 2105 N Bath St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon	1/28 19 29
UNDERTAKER Wm Cook	ADDRESS 2127 E Pratt

Spec.—2-29-28—L. F. S.—500 Bks.

Dr. Lennan
714 Belmont Park Ave

42120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42170

1—PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1116 W. Fayette ST. 18-7½ WARD)

2—FULL NAME Oscar George Jurney

(a) RESIDENCE NO. 1116 W. Fayette ST. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Cassie Jurney

6 DATE OF BIRTH (month, day, and year) Feb 12 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 063

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Day Printing Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John A. Jurney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan McCauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Cassie Jurney
(Address) 1116 W. Fayette St

15 JAN 25 1929 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Jan 24, 1929, that I last saw him alive on Jan 24, 1929 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alan B Lennan, M. D.

1/30, 1929 (Address) 714 N Park Pl Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 27 1929

20 UNDERTAKER Horn Cook ADDRESS 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42171

CERTIFICATE OF DEATH

90 E 42171

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 12 S Broadway St., 3-4 Ward)

2-FULL NAME Louis H. Nirnrich

(a) RESIDENCE NO. 12 S Broadway St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	76	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Iron
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Louis H. Nirnrich

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Drennan

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Germany

14 Informant Hannah Drennan
(Address) 12 S. Broadway

15 Filed JAN 25 1929 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Paul G. C. Gladden, M. D.

20 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville	1/26 1929
20 UNDERTAKER	ADDRESS
J. M. Cook	1219 E Fayette

Or DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42172

CERTIFICATE OF DEATH.

E 42172

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 4-4200 Ward)

2-FULL NAME Michael Barrett

(a) RESIDENCE NO. 2617 Greenmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bar Bender

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Detrick Bros.

9 BIRTHPLACE (city or town) Texas

(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER James Barrett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Sweet

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Thomas McGraw

(Address) 2617 Greenmount Ave

15 Filed JAN 25 1929 19 C. HARRY [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. Morrison, M. D. (Coroner)

1/25. 1929 (Address) 3532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Olivet, Balto Md	1/26 1929
20 UNDERTAKER	ADDRESS
J. B. McCosh	1217 E Fayette

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 42173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-901 E 42173

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Station Hospital, Healdwood 2nd WARD) 21-39

2-FULL NAME Joseph H. Jackson

(a) RESIDENCE. NO. 451 N. Clinton ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Quartermaster Dept US Army
(c) Name of employer Capt. R. T. Fenton

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J. J. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Dorothy Bosse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant J. Henderson
(Address) Capt MC

15 Filed ....., 19.... C. HARRISON JONES, Registrar.

JAN 26 1929 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Jan 24, 1929, that I last saw h[illegible] alive on Jan 24, 1929, and that death occurred, on the date stated above, at 930 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy, cerebral

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial hypertension

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Chronic Myocarditis Arteriosclerosis

(Signed) J. H. Henderson, M. D.

. 19 (Address) Healdwood, Md. Butler Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	1/26 1929
20 UNDERTAKER John J. Fahey & Son	ADDRESS 1318 Light St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

GUGLELLMINI

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42174

CERTIFICATE OF DEATH

32 E 42174

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Univ. Hosp. ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Guglielmini

(a) RESIDENCE NO. 608 Wash. Blvd. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Louis Guglielmini

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country) Italy

12 MAIDEN NAME OF MOTHER Margaret Germano

13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass.

14 Informant Louis Guglielmini
(Address) 608 Washington Blvd

15 Filed 2 6 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/6/, 1929 to 1/23, 1929

that I last saw h[illegible] alive on 1/23/, 1929

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsburg, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 26 1929

20 UNDERTAKER George L. Ruth ADDRESS 1735 Harford Av

Spec.—2-29-28—L. F. S.—800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42175

CERTIFICATE OF DEATH

46 E 42175

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 - E. 37th ST., 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie E. Denny

(a) RESIDENCE NO. 728 - E. 37th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54yrs mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Denny

6 DATE OF BIRTH (month, day, and year) 5-18-1895

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
33	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Cora Kuckhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant George P. Denny

(Address) 728 - E. 37th St

15 Filed 26 1929, 19 H. JONES, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928 to Jan 24, 1929, that I last saw her alive on Jan 23d, 1929 and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Pelvic organs over

(duration) not definite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hamilton M. D.

1929 (Address) 1216 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cath. Cem

DATE OF BURIAL 1/28/29

20 UNDERTAKER George J. Pyth

ADDRESS 735 Hanover

Spec.—1-12-23—M&T—500 Bks.

Henry Gnau

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42176

CERTIFICATE OF DEATH.

E 42176

31

REGISTERED NO. .....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Baltimore City Hospitals (6-11 ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Henry Gnau

(a) RESIDENCE No. 134 N. Curley st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
54	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Frank Gnau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Swartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Hospital records

(Address) .....

15 Filed JAN 26 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1929, to Jan. 24, 1929, that I last saw h im alive on Jan. 24, 1929, and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & path.

(Signed) Henry C Smith M. D.

1-24-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Jan 28 1929

20 UNDERTAKER: [illegible] Johnson ADDRESS: 1560 Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 42177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 1429 WARD)

2-FULL NAME Mildred Rawlings

(a) RESIDENCE NO. 1633 Aisquith St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER William Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lilia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Parents

(Address) [illegible] JOHNS HOPKINS HOSPITAL

15 Filed 1929 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1929

17

I HEREBY CERTIFY, That I attended deceased from January 19, 1929, to January 24, 1929.

that I last saw her alive on January 24, 1929,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

tuberculous meningitis

about 3 wks.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) James A Miller M. D.

1/26, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 1/26/29

20 UNDERTAKER Wm. Jas. H. Holland — ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

L 42178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 42178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Saratoga St 25 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Warren

(a) RESIDENCE NO. 622 N. Saratoga St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of John Warren

6 DATE OF BIRTH (month, day, and year) — — 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60 59	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Perry Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER — Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Agnes Green

(Address) 2253 S. St. Wash. D.C.

15 Filed Jan 26 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24. 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1928. to Jan. 24 th. 1929.

that I last saw her alive on Jan 20 th. 1929.

and that death occurred, on the date stated above, at 9:55 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 2 mos de.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) A. Lee Ellis, M. D.

1/25. 1929 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/26/1929

20 UNDERTAKER Mrs. Jas. H. Holland ADDRESS 1681 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42179

CERTIFICATE OF DEATH.

459 42179

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. St. 7-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hannah Nachman

(a) RESIDENCE NO. Sinai Hospital St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State) Lifetime

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) About 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Nachman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Nachman (Address) 2001 Eutaw Pl.

15 Filed . 19 Registrar

NOV 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-22-28, 19 . to 1-25 . 19 29 .

that I last saw her alive on 1-25 - . 19 29 ,

and that death occurred, on the date stated above, at 5 50 p.m.

The CAUSE OF DEATH* was as follows: Hypertensive Cardio Vascular Disease

Pneumonia

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Carcinoma 7 mos

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	1/27 1929
20 UNDERTAKER	ADDRESS
Harid Sondheim	18-20 W. Mt. Royal Ave

TION is very important. See instructions on back of c... Property of... Exact statement of occupa...

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42180

CERTIFICATE OF DEATH.

90 E 42180

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Abraham Ave. 10-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. 609 Abraham Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Susie Johnson

(Address) 609 Elsahamed

15 Filed JAN 26 1927 19 C. HARRY JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obesity

(duration) yrs. mos. ds.

(Signed) J. J. Ward M. D.

(Coroner)

1/26/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial Jan. 28 27

20 UNDERTAKER Wm. P. C. Aird ADDRESS 1725 Ashland Ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 42181

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. [illegible] ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME [illegible]

(a) RESIDENCE NO. 830 Fremont ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Col
5 [illegible] Married, [illegible] or [illegible], (write the word)

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: 0 40

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER [illegible]
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER [illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14
Informant: [illegible]
(Address)

15
[illegible] 19 [illegible]
C. HAMILTON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/29

17
I HEREBY CERTIFY, That I attended deceased from 1/22, 19 29, to 1/24, 19 29,
that I last saw h[illegible] alive on 1/24, 19 29
and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:
Fractured Endocranium
Accidental
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Work

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.
, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md
DATE OF BURIAL: Jan 26 1929

20 UNDERTAKER: J. H. Brown & Son
ADDRESS: 108 N. Monroe

P. C. a Teamster, Cambridge Md.

Spec.—2-29-28—L. F. S.—600 Bks.

E 42182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42182

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Kernan's Hotel ST., 11-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lizzie M. Miller

(a) RESIDENCE NO. Kernan's Hotel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Redmond Miller

6 DATE OF BIRTH (month, day, and year) Feb 8. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ga
(State or country)

PARENTS

10 NAME OF FATHER Peter Tribble

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Haig

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant William Miller

(Address) [illegible]

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 24, 1929, that I last saw her alive on Jan 24 1929 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Grippe

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Myocarditis

(duration) 1 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Julius Friedmann, M. D.

, 19 (Address) 1013 N Charles St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	1/26 19 29
20 UNDERTAKER H. M. Cook	ADDRESS 1214 E Baltimore St

Spec.—1-J2-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42183

CERTIFICATE OF DEATH.

129E 42183

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brant

(a) RESIDENCE NO. 819 No Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Seymour

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records of BALTIMORE CITY HOSPITALS (Address)

15 Filed 2 6 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25 1929

17 I HEREBY CERTIFY, That I attended deceased from 6-29 1926 to 1-25 1929.

that I last saw her alive on 1-24 1929

and that death occurred, on the date stated above, at 2.25 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis with Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Welch, M. D.

1929 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	1-28 1929
20 UNDERTAKER	ADDRESS
Wm Cook	1211 Druid

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42184

CERTIFICATE OF DEATH

1-001 E 42184

1—PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33d & Calvert ST. 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Offerman

(a) RESIDENCE NO. 334 E. 27th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	School girl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Offerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Anna P. Gilbusch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mother

(Address) 6 Hamilton Terrace, M. D.

15 Filed 2 6 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 24, 1929

that I last saw h[illegible] alive on Jan 24, 1929

and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:

Influenza assoc c pneumonia (Terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneum (Terminal)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Adams

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Wallace Swarthwelder, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	1/28 19 29
20 UNDERTAKER W. M. Cook	ADDRESS 1217 E Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 42185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42185

CERTIFICATE OF DEATH.

REGISTERED NO. 154

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Ave ST. 20-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cole

(a) RESIDENCE: NO. 3604 Benkart ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Joshua Cole.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Joshua Cole
(Address) 3604 Benkart St

15 JAN 26 1929 19 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 25 - 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15-, 1929, to 1-25, 1929,

that I last saw h[illegible] alive on 1 25, 1929

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cardio Spasm

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 1-26-29

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray & Phys. Exam

(Signed) R. M. Ericson, M. D.

, 19 (Address) St Agnes Hosp Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk DATE OF BURIAL 1-26 19 29

UNDERTAKER H. McCool. ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42186

CERTIFICATE OF DEATH

29 E 42186

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 706 N Wolfe ST. 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert A. Hall

(a) RESIDENCE NO. 706 N Wolfe ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellena Hall

6 DATE OF BIRTH (month, day, and year) July 20-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James R. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alsie C. Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant James B. Hall

(Address) 2210 Harford road

15 Filed Jan 29 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-1929.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1929, to Jan 24, 1929, that I last saw h[illegible]ive on Jan 23 1929 and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

a. Uremia

b. Chronic Interstitial Nephritis

CONTRIBUTORY (Secondary) (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Patrick M. D.

Jan 29 1929 (Address) 936 E. Monument St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 26 1929
20 UNDERTAKER John Ulrich	ADDRESS 2008 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 42187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-002
E 42187

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1203 E. Monument 5-8 Ward)

2-FULL NAME Barbara Jung

(a) RESIDENCE NO. 1203 E. Monument St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W.P. Jung

6 DATE OF BIRTH (month, day, and year) Dec 23-1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Richard E. Warine (son)

(Address) 1203 E. Monument St.

15 Filed JAN 26 1929 19____ C. Halsey Jones, Jr.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chr: Bronchitis

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Britt M. D.

(Coroner)

1/28/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Londa Park

Date of Burial 1/28 1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 W Pratt St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42188

100-001

E 42188

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1900 Edmondson Ave 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Philip Joseph Joerdens

(a) RESIDENCE NO. 1900 Edmondson Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 15 ds. How long in U. S., if foreign birth? 38 yrs. 11 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Bitton Joerdens

6 DATE OF BIRTH (month, day, and year) Feb 10 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General natore of industry, bosiness, or establishment in which employed (or employer) Member of Firm of

(c) Name of employer Jos. Joerdens & Son

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Joerdens

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Pfeizing

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Geo. Joerdens (Father)
(Address) [illegible]

15 Filed Jan 28 1929 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-25-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Jan 25, 1929, that I last saw him alive on Jan 25, 1929 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchs pneumonia (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) myocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Kibler M. D.

Jan 28 29 (Address) 220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 28 1929
20 UNDERTAKER	ADDRESS
Jos. Joerdens & Son	217 S. Sharp St

Spec.—1-12-23—M&T—500 Blks.

E 42189 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42189

CERTIFICATE OF DEATH.

90

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Allston Apts 17-50 ST. WARD)

2-FULL NAME Kate George Raleigh

(a) RESIDENCE NO. Allston Apts ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? 76 yrs. 7 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter A. Raleigh

6 DATE OF BIRTH (month, day, and year) June 17 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
76	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Isaac S. George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Mr. G. Pitts Raleigh (son)
(Address) 4321 N. Charles St. Apts

15 Filed ....., 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan. 25 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4 1929 to Jan. 20 1929.
That I last saw her alive on Jan. 24 1929
and that death occurred, on the date stated above, at 1-20 m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Decompensation

(duration) yrs. mos 21 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 1 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) M. Wilson Porter, M. D.
1/25 1929 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan 26 1929.

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto Md

IONS in very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42190

CERTIFICATE OF DEATH.

100-001 E 42190

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. (Ward) 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis M. Wonder

(a) RESIDENCE NO. 3521 Forest Park St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Rose G. Wonder

6 DATE OF BIRTH (month, day and year) April 2 - 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	82	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Richard Not Known

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country) Richard Not Known

12 MAIDEN NAME OF MOTHER Richard Not Known

13 BIRTHPLACE OF MOTHER (city or town) Pa

(State or country) Richard Not Known

14 Informant Mrs. Gladys Hackett

(Address) 3536 Elmley St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 24 - 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Jan 26/29 (duration) yrs. mos. 1 ds.

, 19 (Address) 1436 Bway

(Coroner) G. Glades M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Jan 26 1929

20 UNDERTAKER H. S. Marshall ADDRESS 353 Gall Rd

very important. See instructions on back of certificate.

E 42191

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 42191

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 13-57 Ward)

2-FULL NAME Rose A. Wonder

(a) RESIDENCE NO. 3521 Sweet Air St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Louis M. Wonder

6 DATE OF BIRTH (month, day, and year): Oct 1846

7 AGE — Years: 82 — Months: 3 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Brooklyn Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet Knowles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Gertie Jackson

(Address) 3536 Pork St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 / 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [redacted] inquiry.)

thereon and from the evidence obtained by said [redacted] topsy or inquiry.) find that said deceased came to [redacted] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

Cardiac Collapse (duration) yrs. mos. 1 ds.

26/29 (Coroner) M. D.

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery Date of Burial Jan 26 19 29

20 UNDERTAKER: H S Marshall ADDRESS 333 Park Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

qE 42192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-qE 42192

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Evans

(a) RESIDENCE NO. 1506 N. Register St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17/1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stage Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Theatre

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER David Evans

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Susan B. Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Eugene Marriaig

(Address) Bayleys Quarters

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 25/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (primary

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Cole M. D.
(Coroner)

1/26/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Jany 28, 1929

20 UNDERTAKER Robt F. Turnbaugh ADDRESS 1442 N. Broadway

JAN 26 1929

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42193

CERTIFICATE OF DEATH

E 42193

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. President St. ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Ruby Brown

(a) RESIDENCE NO. 1144 Gilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	M ~~Single~~

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of William Brown

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Stephen Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harriet Kirby

(Address) 3041 W. Fallsway

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 23, 1929

that I last saw h.. alive on Jan 23, 1929

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus ?

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Path. Chem.

(Signed) H. Stevens M. D.

1-24 1929 (Address) President St. W.P.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H. Stevens Crem. Balto.	1-27 1929
20 UNDERTAKER	ADDRESS
Bynon Wright	1218 McCulloh St

Spec.—2-29-28—L. F. S.—500 Blks.

E 42194 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42194

44

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 620 S. Lakewood ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonina Kozlowska.

(a) RESIDENCE NO. 2106 Bank street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Stanislaw Kozlowski.

6 DATE OF BIRTH (month, day, and year): Sept 8- 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Michael Borkowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Stanislaus Kozlowski.

(Address) 2106 Bank Street.

15 [illegible] M. D.

Filed ....., 19 .... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-24-29

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1927, to Jan 24, 1929, that I last saw h[illegible] alive on Jan 16, 1929 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Gastric neoplasm.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible] M. D.

1-25, 1929 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Jan 28 1929
20 UNDERTAKER	**ADDRESS**
George A. Meyer	705 S. Amm st.

Spec.—1-29-29—1 M.—500 Blks.

E 42195 SJCJEPANSKA E 42195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Leo street ST., Wagners Point 25-16 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marianna Szczepanska

(a) RESIDENCE NO. 3617 Leo. street ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married

5a If married, widowed, or divorced (or) WIFE of John. Szczepanski

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43 42.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home. Wife.

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John. Czarniak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Catherine Kunnicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John. Szczepanski

(Address) 3617 Leo Street

Filed JAN 26 1929 19 C. HAMILTON JONES, Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1929 to Jan 24 1929

that I last saw her alive on Jan 24 1929

and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Leon D. Hyman M. D.

Jan 26. 1929 (Address) 4720 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a. a. Co. Cem	Jan 28 1929
20 UNDERTAKER	ADDRESS
George. A. Meyer	705 S. Amity

Spec.—2-29-28—L. F. S.—500 Bks.

E 42196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 42196

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Battery Ave ST., 24-33 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward John Anthony

(a) RESIDENCE NO. 1128 Battery Ave ST., 24th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Infant)

6 DATE OF BIRTH (month, day, and year) Oct 31, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	2	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Infant)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Edward J. Anthony

11 BIRTHPLACE OF FATHER (city or town) Queenstown (State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred L. Martin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Edward J. Anthony

(Address) 1128 Battery Ave.

15 Filed JAN 26 1929, 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1929, to Jan 25, 1929, that I last saw him alive on January 25, 1929 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry T. Buettner, M. D.

, 19 (Address) 1314 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Jan 26 1929

20 UNDERTAKER G. Howard Evans — ADDRESS 3 E Horton

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42197 — CERTIFICATE OF DEATH — 100-001 — E 42197

1—PLACE OF DEATH: Provident Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. Division ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alberta Williams

(a) RESIDENCE NO. 422 W Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year): Oct 23 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2 3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Katto Md

PARENTS

10 NAME OF FATHER: David Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Jane Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Mrs David Williams

(Address): 422 W Biddle St

15 FILED JAN 26 1929 WILLIAM R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 25, 1929.

that I last saw h[illegible] alive on Jan 25, 1929

and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) J. B. Butler, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-	DATE OF BURIAL
[illegible]	1/26 1929
UNDERTAKER: Samuel T Kennedy	ADDRESS 5[illegible] W Biddle

Spec.—2-29-28—L. F. S.—800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42198

CERTIFICATE OF DEATH

90

E 42198

1—PLACE OF DEATH

REGISTERED NO. 28-65

CITY OF BALTIMORE: (No. 4401 Kathland Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John T. Ford

(a) RESIDENCE NO. 4401 Kathland Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Ford

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Theatrical Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Ford Opera House Inc

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John T. Ford

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Branch Andrews

13 BIRTHPLACE OF MOTHER (city or town) Hanover
(State or country) Virginia

14 Informant Mr. J. Ford, Jr.
(Address) 4401 Kathland Ave.

15 JAN 26 1929 19 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 1928, to Jan. 25, 1929, that I last saw him alive on Jan 24, 1929 and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Arteriosclerosis
Myocardial Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis with cardiac failure - Nancy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) Louis J. Gary, M. D.

, 19 (Address) 1014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 28 19 29
20 UNDERTAKER [illegible] Cook	ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 42199

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ~ E 42199

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 309 E. North Ave. ST. 12-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary P. Renner

(a) RESIDENCE NO. 309 E. North Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Renner

6 DATE OF BIRTH (month, day, and year) June 5, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlantic Ocean

PARENTS

10 NAME OF FATHER Michael Swing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaretta Merckle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George P. Renner

(Address) 309 E. North Avenue

15 Filed 1929 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from for many yrs 19 to Jan 25 19 29,

that I last saw her alive on Jan 25 19 29

and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

& Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

1/26 1929 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 28 19 29

20 UNDERTAKER

ADDRESS 1003 West Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

E 42200

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 42200

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH German Agea Home

City of BALTIMORE: (No. Balto & Payson St. W-W Ward)

2-FULL NAME Sallie E. Folckemmer

(a) RESIDENCE NO. German a Home Balto & Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 6 - 1844

7 AGE: Years 84 | Months 4 | Days 19 20 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) f

(c) Name of employer f

9 BIRTHPLACE (city or town) Shrewsbury Pa.

(State or country) Pa

PARENTS

10 NAME OF FATHER Jacob Folckemmer

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER Susan Boyer

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

14 Informant Beside German A Home

(Address) Baltimore & Payson St.

15 Filed ..... 19 C. H. Bigler Jan 1 29

Registrar

AN 261929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1929. 19

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Jan 25, 1929, that I last saw her alive on Jan 20th, 1929, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) .....yrs. 5 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X ray

(Signed) John Houff M. D.

1/25 19 29 (Address) 1843 W. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shrewsbury, Pa. Date of Burial: Jan. 27 19 29

20 UNDERTAKER: Joseph H. Cook ADDRESS: 1003 West Baltimore St

very important. See instructions on back of certificates. TRUE STATEMENT OF OCCUPATION IS

Spec.—1-10-21—M&T—1500 Bks.

E 42201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital — 129

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Martha E. Monahan

(a) RESIDENCE NO. 1202 John ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Meath

(Address) 1202 John St

15 Filed 1-26 1929 C. Hamilton Jones M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 11 M. 1929. to Jan 24 M. 1929.

that I last saw her alive on Jan 24 M. 1929

and that death occurred, on the date stated above, at 9 25 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration (duration) yrs. 1 mos. 18 ds.

18 Where was disease contracted if not at place of death? above address

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician & Laboratory

(Signed) Nicholas P. Gouellis M. D.

. 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Mass

DATE OF BURIAL 1-26 1929

20 UNDERTAKER Chas. S. Ward & Son

ADDRESS 1180 Park Royal

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42202 — 101-001 — E 42202

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3013 Christopher Ave St. 37-43 Ward

2-FULL NAME Jack E. Norris

(a) RESIDENCE NO. 3013 Christopher ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 23 — 1908

7 AGE: Years 20 | Months 5 | Days 2 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer): 69

(c) Name of employer: 0

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Sidney J. Norris

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Nellie Dougherty

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

14 Informant: Mrs Nellie Duckett

(Address) 3013 Christopher Ave

Filed JAN 26 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 25th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 — 1929, to Jan 25 1929, that I last saw h[illegible] alive on Jan 24 1929, and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis Infection

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

1/26, 1929 (Address) 1111 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery Date of Burial 1/27 1929

20 UNDERTAKER: Chas F. Mace & Son ADDRESS 1180 W Royal Ave

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—10-10-29—A Co.—100 Bks.

E 42203

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 42203

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 2219 Huntingdon St., 1-3 Ward)

2-FULL NAME Frank Gorgotowicz

(a) RESIDENCE NO. 2219 Huntingdon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 9 - 29

7 AGE: Years | Months | Days: 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Alex Gregorowicz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Orlowski Mary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Alex Gregorowicz
(Address) 2219 Huntingdon St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Int. Rachitis

Contributory (Secondary) Pneumonia (duration) ... yrs. ... mos. 1 ds.

(duration) ... yrs. ... mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Taylor M. D.

19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Jan 26 - 29

DATE OF BURIAL

20 UNDERTAKER: J. W. Bugajski & Eastern Av

ADDRESS 1930

AN 261929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 42204

E 42204

1—PLACE OF DEATH

CITY OF BALTIMORE (Co.) BALTIMORE CITY HOSPITALS (St. and No.) 1-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Jackson

(a) RESIDENCE NO. 645 Gough St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): ?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, professioo or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): No History

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 27 1929, 19 [illegible] Registrar 3189 Pitt

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-29

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1929, to 1-20, 1929, that I last saw h alive on 1-20, 1929, and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows: Chronic nephritis Interstitial with edema

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test coofirmed diagnosis? Laboratory

(Signed) H. W. Hitch M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health. JAN 26 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42205 CERTIFICATE OF DEATH 129 E 42205

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Schulz

(a) RESIDENCE NO. 111 S. Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed JAN 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/28

17 I HEREBY CERTIFY, That I attended deceased from 4/27, 19 27, to 1/25, 19 28, that I last saw h[illegible] alive on 1/25, 19 28 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 27 1928
Commissioner Health

3188 Roll

Spec.—2-29-28—L. F. S.—500 Bks.

E 42206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. E 42206

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Madison Ave) (WARD 13-59)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosie E Davis

(a) RESIDENCE NO. 2308 Madison ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	b.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Davis

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pennsylvania

PARENTS

10 NAME OF FATHER Charles Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rosie Williams

13 BIRTHPLACE OF MOTHER (city or town) Harrisburg (State or country) Pennsylvania

14 Informant Mrs Rosie E Evans

(Address) 2308 Madison Ave

15 Filed JAN 27 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 24, 1929, that I last saw h alive on Jan 24, 1929 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) James Nelson M. D.

Jan 26, 1929 (Address) 1303 W Lorde

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westbury Evergreen Laundry	1-27 1929
20 UNDERTAKER	ADDRESS
Mrs Lobas G Bailey	1421 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42207

CERTIFICATE OF DEATH.

E 42207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Hoffman ST. 11-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Williams

(a) RESIDENCE NO. 418 Hoffman ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Williams

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER — Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER — Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant ..... (Address) Rachel Morgan 620 W. Fayette St.

15 Filed JAN 27 1929 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21th, 1929, to Jan. 24th 29.

that I last saw h alive on 1/24, 1929, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) General debility

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) 52 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Penny Grove Md DATE OF BURIAL 1/ 29

UNDERTAKER Samuel Wesley ADDRESS Fr Balto

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42208

CERTIFICATE OF DEATH

90 E 42208

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1208 Harlem Ave ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret N Hawkins

(a) RESIDENCE NO. 1208 Harlem Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas R Hawkins

6 DATE OF BIRTH (month, day, and year) 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Trader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Phoebe Asbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Phoebe N Heather

(Address) 1208 Harlem Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 24, 1929

that I last saw h alive on Jan 24, 1929

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Intracerebral

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Long Green Md	1928 1929
20 UNDERTAKER Samuel Bromley	ADDRESS, 578 N Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42209

CERTIFICATE OF DEATH

X 11-001

E 42209

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kent C. Hammond M.D.

(a) RESIDENCE NO. 136 Patapsco Ave (Usual place of abode) Dundalk Md. ST., WARD

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna May Hammond

6 DATE OF BIRTH (month, day, and year) March 18 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	27	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor (M.D.)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 054

9 BIRTHPLACE (city or town) (State or country) W Va.

PARENTS

10 NAME OF FATHER Ralph L. Hammond

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER Beulah Duckworth

13 BIRTHPLACE OF MOTHER (city or town) W. Va. (State or country)

14 Informant Hazel Reuss

(Address)

15 Filed 1-27 1929 H. Wilson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-29

17 I HEREBY CERTIFY, That I attended deceased from 1-23- 1929, to 1-24 1929

that I last saw h[im] alive on 1-24 1929

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

Broncho (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Youngblood M. D.

(Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan. 28, 1929
20 UNDERTAKER Harry L. Wittle, 1531	ADDRESS W. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42210

CERTIFICATE OF DEATH

70

E 42210

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. So. Balto. Gen. Hospital ST. 7-5-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Herbert Hardy

(a) RESIDENCE NO. 102 Cambria St. ST. Brooklyn WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 23, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11 yrs.	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) Pupil

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Maggie Green

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Green

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Maggie Hardy
(Address) 102 N. Cambria St

15 Filed ... 27 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1929, to Jan 24, 1929, that I last saw him alive on Jan. 24, 1929 and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple abscesses (brain & lungs) ? ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 24, 1929

Was there an autopsy? yes.

What test confirmed diagnosis? Op. & multiple abscess

(Signed) E. O. Lehmayer, M. D.

, 19 (Address) So Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	1-27 1929
20 UNDERTAKER Daniel Eastern & Sons	ADDRESS 916

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42211

CERTIFICATE OF DEATH.

90 E 42211

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. 16-23 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ferrell

(a) RESIDENCE NO. 1206 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lottie

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: 58 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Friend

15 Filed NOV 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-26 1929

17 I HEREBY CERTIFY, That I attended deceased from 10-24, 1929, to 1-26, 1929, that I last saw him alive on 1-26, 1929, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis Chr. Myocardial, Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet

UNDERTAKER: Daniel Eaton

DATE OF BURIAL: 1-28 1929

ADDRESS: 916 Ea ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42212

1—PLACE OF DEATH E 42212

REGISTERED NO. 1435

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Morris

(a) RESIDENCE NO. 1809 Belt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Morris

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Effie Shields

(Address) 1809 Belt St

15 Filed NOV 27 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/29

17 I HEREBY CERTIFY, That I attended deceased from 1/19, 1929, to 1/25, 1929, that I last saw h[illegible] alive on 1/25, 1929, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Generalized Atherosclerosis

Chr Interstitial Nephritis

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. M. Mach, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 1/28 1929

20 UNDERTAKER J. M. Cook — ADDRESS 1217 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 42213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42213

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3052 Brighton ST., 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cora V. Somers

(a) RESIDENCE NO. 3052 Brighton ST., WARD Princess Anne, Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Somers

6 DATE OF BIRTH (month, day, and year) Aug 11, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Renatus Hastings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Alvin C. Somers

(Address) Aurora N. Y.

15 Filed JAN 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17

I HEREBY CERTIFY. That I attended deceased from Jan 22, 1929, to Jan 26, 1929.

that I last saw h.. alive on Jan 25, 1929

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Renal

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph Robertson, M. D.

Jan 19 29 (Address) 262 Prince St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Anne Md

DATE OF BURIAL 1/28 1929

20 UNDERTAKER W. M. Cole

ADDRESS W. Main St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr. Goldman 1815 W. North Av.

42214

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH

REGISTERED NO. E 42214

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Poplargrove ST. W-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Alagna

(a) RESIDENCE NO. 618 Poplargrove ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Angela Alagna

6 DATE OF BIRTH (month, day, and year) June 27 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~ 55	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Cabinet Maker

(c) Name of employer Reisning & Salmon

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Alagna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antonetta Salerno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Saverio Farinello

(Address) 2650 Loretta Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1928, to Jan 24, 1929, that I last saw him alive on Jan 24, 1929 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harris Goldman M. D.

1/24 1929 (Address) 1816 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 28 1929

20 UNDERTAKER Frank V. Petrone — ADDRESS 2818 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42215

CERTIFICATE OF DEATH.

74-001

E 42215

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N Payson ST. 20-64 WARD)

2-FULL NAME Margaret A Flynn

(a) RESIDENCE NO. 116 N Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dominick Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Feeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Flynn (Address) 116 N Payson

15 Filed JAN 21 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/29

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1929, to 1/26, 1929, that I last saw her alive on 1/25, 1929, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 10 dys.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — dys.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Henry A Ohle M. D.

1/26, 1929 Address 1203 N. Capital Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	1/28/29

20 UNDERTAKER Tempe & Tichy ADDRESS Fulton & Fayette

ION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42216

CERTIFICATE OF DEATH

38 E 42216

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 7 S. Registers St. S. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Hill

(a) RESIDENCE NO. 7 S. Registers St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: color

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. Hill

6 DATE OF BIRTH (month, day, and year): Dec 15 / 1878

7 AGE — Years: 50 yrs — Months: 1 mos — Days: 9 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 31

(b) General nature of industry, business, or establishment in which employed (or employer): Washing & Ironing

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Camden

(State or country): N Jersey

PARENTS

10 NAME OF FATHER: Jim Chase

11 BIRTHPLACE OF FATHER (City or town): N. Jersey

(State or country)

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Susie Hill

(Address): 7 S Registers St

15 Filed ... C. [illegible] Registrar

by ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan 24 / 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 19 29, to Jan 24, 19 29

that I last saw her alive on Jan 23, 19 29

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Hemorrhage Brain)

(duration) ... yrs. ... mos. 16 da.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No one

(Signed) Richard E Enderfield M. D.

. 19 (Address) 1514 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Jan. 29, 1929

20 UNDERTAKER: Wm. R. A. Elbert — ADDRESS: 1120 Oakland

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42217

100-001 E 42217

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Charles Fowler

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliz Fry

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston + Valley St

15 Filed 1-27 1929 C. H. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1929

17

I HEREBY CERTIFY, That I attended deceased from No 28 Card, 19 , to , 19 ,

that I last saw h in alive on Jany 27, 1929,

and that death occurred, on the date stated above, at 1030 a m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J.A. Warner, M. D.

Jany 26, 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 28 1929

20 UNDERTAKER Ida Friedfeld — ADDRESS 914 Greene St

Spec.—1-12-23—M&T—500 Blks.

E 42218 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 42218

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. East Ave ST. 1-2 WARD)

2-FULL NAME William Christian Pfeifer

(a) RESIDENCE NO. 212 S. East Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 26 - 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 yrs	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Wm Pfeifer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louise Zepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Peter Wm Pfeifer
(Address) 212 S. East Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1927, to Jan 26, 1927, that I last saw him alive on Jan 26, 1927 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Purulent Pneumonia

(duration) yrs mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schindler M. D.

, 19 (Address) 1511 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Jan 29 1927

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42219

CERTIFICATE OF DEATH

11-002

E 42219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Montpelier ST. 9-41a WARD)

2—FULL NAME Sarah. b Willis

(a) RESIDENCE NO. 925 Montpelier ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER John H Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Mary E Hooker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Mrs Emma J Soper.
(Address) 925 Montpelier

15 Filed JAN 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1929, to Jan 25th, 1929, that I last saw h alive on Jan 24th, 1929 and that death occurred, on the date stated above, at 3 55 p.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) George [illegible] M. D.

11/26/1929 (Address) 1402 E 25th St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 28 1929

20 UNDERTAKER George W. Zickler

ADDRESS 737 E Eag[illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42220

CERTIFICATE OF DEATH

E 42220

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD) 14-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vernon Lapp

(a) RESIDENCE NO. 1843 Ramsay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 18, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md —

PARENTS

10 NAME OF FATHER Henry Lapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Diffendal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md —

14 Informant Henry Lapp

(Address) 1843 Ramsay St.

15 Filed JAN 27 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 26, 1929, that I last saw h~~e~~ live on Jan 26, 1929 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? 1843 Ramsay

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings Spinal tap

(Signed) Addison Craft Kelly, M. D.

1-26, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 28, 1929

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

E 42221 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

REGISTERED NO. E 42221

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hospl ST., 1563 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Beacon

(a) RESIDENCE NO. 3714 Barrington Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 9 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	15 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker - 088

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ed. F. Kelly Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Goodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records -
(Address)

15 Filed N 27 1929 HAMILTON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 26, 1929, that I last saw him alive on Jan 26, 1929 and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -
Arteriosclerosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia -

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of None

Was there an autopsy? Yes -

What test confirmed diagnosis? Clinical & autopsy -

(Signed) H. Reifschneider, M. D.

1/26, 1929 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stevenson Md.	Jan 28 1929
20 UNDERTAKER J. D. Shepard	ADDRESS 1852 W Balto

Spec.—1-12-23—M&T—500 Bks.

E 42222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42222

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3121 E. Monument ST. 7-11 WARD)

2-FULL NAME (3121) Elizabeth Doyle

(a) RESIDENCE NO. 3121 E. Monument ST. Baltimore Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thos. Doyle

6 DATE OF BIRTH (month, day, and year) apr 8, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	78	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. Connor

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country) Delaware

12 MAIDEN NAME OF MOTHER Sarah Cross

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Maryland

14 Informant Mrs. Harry Marshal

(Address) 3121 E Monument St City

Filed 27 1929 HAMPSON JONES, M. D.

For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 26, 1929, that I last saw h[illegible] alive on Jan 25 1929, and that death occurred, on the date stated above, at 3 4 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Kramer M. D.

Jan 26 1929 (Address) 1811 Harwood Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Springfield Cemetery Sykesville Md	Jan 29 1929
20 UNDERTAKER	ADDRESS
Steele & Son Inc	Sykesville Md

Spec.—2-29-28—L. F. S.—500 Blks.

E 42223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

REGISTERED NO. E 42223

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Port St. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margarette Niemczyk

(a) RESIDENCE NO. 517 S. Port St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stanislaus Niemczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Walerya Goscinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Walerya Niemczyk

(Address) 517 S. Port St.

15 Filed JAN 27 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1929, to Jan. 26, 1929, that I last saw her alive on Jan. 26, 1929 and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Convulsions

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Niemczyk, M. D.

1/27, 1929 (Address) 7629 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	28 1929
20 UNDERTAKER	ADDRESS
Peter McWeeney	Chester

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42224

CERTIFICATE OF DEATH

90 E 42224

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1627 N. Payson ST. 15-21 WARD)

2—FULL NAME Beckie Schlossberg

(a) RESIDENCE NO. 1627 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Schlossberg

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sam Schlossberg

(Address) 1627 N. Payson

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-29

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925, to Jan. 26, 1929

that I last saw h[illegible] alive on Jan. 26, 1929

and that death occurred, on the date stated above, at 3 32 A. m.

The CAUSE OF DEATH* was as follows:

Chronic arthritis

arthritis deformans, mitral

insufficiency,

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza and Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) R. E. Mechelson, M. D.

1-27, 1929 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel — DATE OF BURIAL 1/27 19 29

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42225

CERTIFICATE OF DEATH.

90 L

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1027 Penna Ave (Ward) 7-24

REGISTERED NO. E 42225

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Flagman

(a) RESIDENCE NO. 1027 Penna Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 Color or Race White | 5 Single, Married, Widowed, or Divorced. (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
54	53	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Elizabeth Flagman

(Address) 1027 Penna Ave

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF ~~DEATH~~

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Blvd Date of Burial Jan 29 1929

20 UNDERTAKER Jacob Lauer ADDRESS 1439 Eutaw St

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42226 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42226

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1515 Hanover St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Senier

(a) Residence No. 1515 Hanover St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C Senier

6-DATE OF BIRTH (month, day and year) 3/15/65

7-AGE.	If LESS than 1 day,
67 yrs. 10 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm Senier

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, R. Beard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland.

14-

(Informant) Mrs Senier

(Address) 1515 Hanover

Filed JAN 27 1929 HAMILTON JONES, M. D. Registrar.

By

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 25 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 6, 1928, to Jan 25, 1929, that I last saw him alive on Jan 25, 1929, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. Mc Statler M. D.

1/26, 1929 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
London Park	1/28, 1929

20-UNDERTAKER	ADDRESS
John J Fahey Sons	1318 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 42227

CERTIFICATE OF DEATH.

E 42227

24-001

1-PLACE OF DEATH Convent of Stafford Shepherd REGISTERED NO.

City of BALTIMORE: (No. 25 S. Mount St., 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr Mary B St Ann Mary Cummins.

(a) RESIDENCE NO. 25 S. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred xxx yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) xxxx.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Convent

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Michael Cummings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Adley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Sister in charge

(Address) 25 S. Mount St

15 Filed 19

JAN 27 1929 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 26 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 26, 1929, that I last saw h.. alive on Jan 24, 1929, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw. Neuhgebauer, M. D.

1/28 1929 (Address) 24 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cathedral 1/28 1929

20 UNDERTAKER John J Raley Son ADDRESS 1318 Light St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42228 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH. E 42228

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

2-FULL NAME Alberta Riley

(a) RESIDENCE No. Loreley Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of George A Riley

6 DATE OF BIRTH (month, day, and year) June 28/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6.	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Loreley Md

PARENTS

10 NAME OF FATHER John W

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Caddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 27 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan-24. 1929. to Jan 26. 1929. that I last saw h[illegible] alive on Jan 26. 1929. and that death occurred, on the date stated above, at 3-26 6 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of Lungs

(Signed) Edward Steinstraufs M. D.

1/26 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Jan 28 1929

20 UNDERTAKER J Walter Davis ADDRESS 2307 Paine St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42229 ~~E 42229~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 42229 E ~~42229~~

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apts ST. 11-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sallie Augusta Legon

(a) RESIDENCE NO. Cecil Apartments ST., WARD

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth 67 yrs. 5 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): August 6-1861

7 AGE — Years: 67 | Months: 5 | Days: 19 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

PARENTS

10 NAME OF FATHER: Thos. W. Legon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Edward Co. Virginia

12 MAIDEN NAME OF MOTHER: Mary Tolley Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co. Maryland

14 Informant: Miss Elizabeth W. D. Legon (Sister) (Address): Cecil Apts: City.

15 JAN 28 1929 6 Hill ... Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Jan 25, 1929, that I last saw h[illegible] alive on Jan 25, 1929, and that death occurred on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Inf on Rup + Corrected Left Inguinal

(duration) 1 yrs. mos. 1a ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Marshall Brent, M. D.

Jan 28-29 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Elliott City Md — DATE OF BURIAL: Jan 28 1929.

20 UNDERTAKER: Stewart & Mowen Co — ADDRESS: Balto.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42230 E 42230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1063 W Lexington St 5-8 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Smith

(a) RESIDENCE No. 1063 W Lexington ST. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Smith

6 DATE OF BIRTH (month, day, and year): [illegible] 1849

7 AGE: Years 60 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Accomac Co. Va.

PARENTS

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Frances Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Laura Lease

(Address) 1063 W. Lexington St

15 Filed [illegible] 19 [illegible] Registrar

JAN 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan 24, 1929, that I last saw h alive on Jan 24, 1929, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows: Cardiac Dilation Exhaustion

(duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Forrest, M. D.

Jan 26 1929 (Address) 712 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 1/28 1929

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1027 Hollins Funeral Home

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42231

CERTIFICATE OF DEATH.

57

E 42231

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 7th St. Balt. Md. 7-13 WARD)

2-FULL NAME Mr. Lewis O'Osmonty

(a) RESIDENCE NO. Hebrew Aged Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bessie L. Osmonty

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham M. Osmonty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dobbie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balt St

15 Filed JAN 28 1929 C. HAMPTON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 27, 1929, that I last saw h. alive on Jan 27, 1929, and that death occurred, on the date stated above, at 8.45 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene

(duration) yrs 1½ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Jan 24 1929

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) A. Morton Linde M. D.

1/27, 1929 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Intermt

DATE OF BURIAL 1/28 1929

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42232

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 17-24 WARD)

REGISTERED NO. 4001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli Jusser

(a) RESIDENCE NO. 568 Granwellow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maggie

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 28 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-19, 1929, to 1-27, 1929, that I last saw him alive on 1-27, 1929, and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

? Cerebral Hemorrhage, left.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Exam

(Signed) H. M. Hurd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. M. Auburn Cem	1-28 1929
20 UNDERTAKER	ADDRESS
Daniel Eaton	916 Eden

IMPORTANT See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42233 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42233

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 90

CITY OF BALTIMORE: (No. 355 Stockton ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dos Patterson

(a) RESIDENCE NO. 355 Stockton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Mar

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Fannie Patterson

(Address) 355 Stockton

15 Filed JAN 28 1929 By HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 22, 1929, that I last saw him alive on Jan 23, 1929 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Norwood, M. D.

Jan 24, 1929 (Address) 939 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 1-27 1929

20 UNDERTAKER David Easton

ADDRESS 596 Gay St

Spec.—1-12-23—M&T—500 Blks.

E 42234 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42234

11-601

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 W Biddle ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dan Powell

(a) RESIDENCE NO. 417 W Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Vera Powell

6 DATE OF BIRTH (month, day, and year) April 27-1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Houston Georgia

PARENTS

10 NAME OF FATHER Major Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Ella Fordham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Lillie Pierce (Address) 448 W. Biddle

15 Filed JAN 28 1929 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 26, 1929, that I last saw h in alive on Jan 25, 1929 and that death occurred, on the date stated above, at 12.05A m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Smith Lee, M. D (Address) 1126 Druid Hill 1-26 1929

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery

DATE OF BURIAL 1-28 1929

UNDERTAKER Dent & Edmondson

ADDRESS 916 Dolphin

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rbs.

22 42235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 E 42235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mae Flamels

(a) RESIDENCE NO. 717 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/22/10

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
18	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Jefferson Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) S-Car -

12 MAIDEN NAME OF MOTHER Carrie Tu'Cal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S-Car -

14 Informant Friends.

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 25 1929 E. Harold Jones, M. D. Registrar

N 2 01929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec-27, 1928, to Jan-25-1929, that I last saw her alive on Jan 26-1929, and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis- Pulmonary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Bryan Gaffney M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Jan 28, 1929

20 UNDERTAKER Edward Bryan

ADDRESS 631 orleans st

CAUSE OF DEATH in plain terms. No abbreviations or initials. Name of disease may be preceded by clinical term. Indefinite and unsatisfactory terms will not be accepted. IMPORTANT. See instructions on back of certificate. Burial permit may be granted by Registrar only on presentation of Physician's Certificate. Penalty for violation of Section 4 of Ordinance. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

SENNER

E 42236 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42236

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Kenwood Ave ST.) 26-42 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Senner

(a) RESIDENCE. No 4210 Kenwood Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Senner

6 DATE OF BIRTH (month, day, and year) July 13, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Gen
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Senner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Amelia Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John Senner
Address 4209 Kenwood ave

15 Filed JAN 29 1929 WM. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1-28, 19 , to June 24, 1929,
that I last saw h alive on June 24, 1929,
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Malignant Hypertension
Arterio sclerosis - Chronic
Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.
, 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL 1/28 1929

20 UNDERTAKER Hurst Brooks & Son — ADDRESS Baltimore Md

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Hughes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42237

CERTIFICATE OF DEATH.

2/ E 42237

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) 14-20 (WARD)

2-FULL NAME Florestine Hughes

(a) RESIDENCE NO. S.W. cor. Smith & Wilmor Alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
22	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Hospital Records
(Address) C Harold Jones, M.D.

15 Filed 1-28-1929 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928, to Jan. 24, 1929,

that I last saw her alive on Jan. 24, 1929

and that death occurred, on the date stated above, at 3.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M.D.

1-24-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Jan 28 1929

20 UNDERTAKER Thomas E. Kelson — ADDRESS 139 Preston St

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42238 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Linden St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Wilson

(a) RESIDENCE NO. 1707 Linden St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ephraim Wilson

6 DATE OF BIRTH (month, day and year) Jan 30 1852 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillie Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marion State Hospital

(Address) Catonsville Md

15 Filed 1-28-1929 Per C. H. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17 I HEREBY CERTIFY, That I attended deceased from 1911 1918 to Jan 27 1929

that I last saw h alive on 1/27/29 1929

and that death occurred, on the date stated above, at 11:10 P.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

(Address) 624 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 28 1929

UNDERTAKER Thomas E. Kelson

ADDRESS 307 Preston St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42239

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001 E 42239

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 704 Berry St. ST. 13-57 WARD)

2—FULL NAME Evelyn N. Carnaggio

(a) RESIDENCE NO. 704 Berry St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Carnaggio

6 DATE OF BIRTH (month, day, and year) Jan 30, 1906

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22.	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 057

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER Dave Williams

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Stiller

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Charles Carnaggio

(Address) 704 Berry St

Filed JAN 28 1929 City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1929, to 1-25, 1929

that I last saw h alive on 1-25, 1929

and that death occurred, on the date stated above, at 5:15 p. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer
Pgastric Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C F Eidgbert M. D.

1/26, 1929 (Address) 3701 Gulvd Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Hampden.	Jan 28 1929.
20 UNDERTAKER	ADDRESS
Ghinorelli Bros.	36 E Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

E 42240 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42240

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. So. Balto. Gen. Hosp. ST. 42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Carrie Maguire

(a) RESIDENCE NO. 28 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Maguire

6 DATE OF BIRTH (month, day, and year) Feb 28, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Geo. Schueler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Record

(Address) C. HAMPSON JONES, M. D.

Filed Jan 30 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/23, 1929, to 1/27, 1929, that I last saw h[er] alive on 1/27, 1929 and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones M. D.

1/27, 1929 (Address) 28 E. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
B.M.E. Church Cemetery	Jan 30 1929
20 UNDERTAKER	ADDRESS
Margaret E. Hyland	1411 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

E 42241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42241

90

CERTIFICATE OF DEATH

REGISTERED NO. 1840

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Ravenswood Ave ST., 8th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry W. Adams

(a) RESIDENCE NO. 3126 Ravenswood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Adams

6 DATE OF BIRTH (month, day, and year): Feb 17, 1876

7 AGE: Years 52 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Penna R R

9 BIRTHPLACE (city or town) (State or country): Havre De Grace

PARENTS

10 NAME OF FATHER: John Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Havre De Grace

12 MAIDEN NAME OF MOTHER: Catherine Woodhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Havre De Grace

14 Informant: Alice Adams

(Address) 3126 Ravenswood Ave

15 FEB 28 1929 Filed ..... 19 ..... Registrar HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-26-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1928, to Jan 25, 1929, that I last saw him alive on Jan 20, 1929 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) — yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Aortic + Mitral Insufficiency

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination —

(Signed) Harry N. McCarty, M. D.

1-25-, 1929 (Address) 37 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 28 1929

20 UNDERTAKER: Maynard G. Thynne — ADDRESS: 1711 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 42242 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 42242

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 S. Paca ST. (WARD) 22-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Junior R. Murphy

(a) RESIDENCE NO. 609 S. Paca ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER French Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Hattie Ray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Hattie Murphy.
(Address) 609 S. Paca St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 25, 1929, that I last saw him alive on Jan 25, 1929 and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Neil MacMurchy M. D.

Jan. 26 1929 (Address) 2147 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	1/28 1929
20 UNDERTAKER Margaret J. Flynn	ADDRESS 1422 Light

Spec.—1-12-23—M&T—500 Bks.

E 42243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO. 24-006

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Braun

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed Husband of Rosa Braun

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Rathgeber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Little Sisters of the Poor Preston + Valley St

15 Filed ..., 19 Per ..., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1929

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...,

that I last saw him alive on Jan 27, 1929,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Bourne, M. D.

Jan 27th 19 29 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery Annapolis

DATE OF BURIAL Jan 29 1929

20 UNDERTAKER B L Hopping

ADDRESS Annapolis Md

FROM A VERY important See instructions on back of certificates. STATEMENT OF OCCUPA-

Cor.—10-10-29—A Co.—100 Bks.

E 42244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42244

CERTIFICATE OF DEATH

66

1-PLACE OF DEATH

City of Baltimore: (No. 137 S Broadway St., 3rd Ward)

2-FULL NAME John Hintz

(a) RESIDENCE NO. 137 S Broadway St., 3 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Winkler

6 DATE OF BIRTH (month, day, and year) Nov. 24th 1890

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
38	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Sam Winkler

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen Kreff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md

14 Informant Annie M. Winkler
(Address) 529 S Port St.

15 Filed JAN 28 1929 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, said on Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? History of

What test confirmed diagnosis?

(Signed) J. C. Slade, M. D.

. 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Jan 28th 1929
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S Wolfe St

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 E 42245 E 42245

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 3-4 (Ward) 16-0

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hartlove

(a) RESIDENCE NO. 421 S Bond ST. 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/20/29

7 AGE: Years | Months | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Hartlove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Kardun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Kinds

(Address)

Filed Jan 28 1929 C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 26, 1929, that I last saw h alive on Jan 26, 1929, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Born at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Jan 28 1929

UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42246

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 4101 Frisby St. (WARD) 9-47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis M. Lee

(a) RESIDENCE NO. 4101 Frisby ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: Widower

6 If married, widowed or divorced, HUSBAND of (or) WIFE of: Isabelle Frisby

6 DATE OF BIRTH (month, day, and year): Sept. 1849

7 AGE: Years 79 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 047

(b) General nature of industry, business, or establishment in which employed (or employer): Iron Worker

(c) Name of employer: Spurrier St. Co. Inc

9 BIRTHPLACE (city or town) (State or country): Nova-Scotia

PARENTS

10 NAME OF FATHER: William Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: — Summers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nova Scotia

14 Informant: Mrs. Margaret Runge

(Address) 4101 Frisby St.

15 Filed JAN 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 26, 1929

That I last saw h[illegible] alive on Jan 25, 1929

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs 12 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No Physicians

What test confirmed diagnosis?

(Signed) Dr. H. Pearce, M. D.

1929 (Address) 2105 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	1/29/1929
20. UNDERTAKER: J.G. Moran	ADDRESS: 3006 E. Balto St.

OF DEATH is plainly written, and that all questions are answered as far as practicable. Every question is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42247

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH St. Agnes Hosp.

CITY OF BALTIMORE: (No. 1924 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Buckinger.

(a) RESIDENCE NO. 114 S. Carey St. ST., .WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Buckinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ida Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edward Buckinger
(Address) 114 S Carey St

15 Filed 1-28-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 .19 29. to Jan 27 .19 29.
that I last saw h im alive on Jan 27 .19 29
and that death occurred, on the date stated above, at 12 55 A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at above address

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Nicholas Bonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	1/27/29
UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

DUDLEY

E 42248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42248

49

CERTIFICATE OF DEATH

1—PLACE OF DEATH Baltimore City Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 73-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Dudley

(a) RESIDENCE NO. 932 S Haven ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Cl

5 [illegible], Married, [illegible], or [illegible], (write the word)

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Dennis

(Address)

15 Filed JAN 26 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/29

17 I HEREBY CERTIFY, That I attended deceased from 1/23, 19 29, to 1/23, 19 29, that I last saw h[illegible] alive on 1/23, 19 29 and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Bladder

Unk (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam

(Signed) H. M. Hurley M. D.

1929 (Address) Balt City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Moriah	Jan 28 1929
20 UNDERTAKER C. E. Brown & Son	ADDRESS 1101 Washington

Spec.—2-29-28—L. F. S.—500 Bks.

E 42249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 42249

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E. Monument St. ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma C. Phillips

(a) RESIDENCE NO. 2019 E. Mounment St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. P. Phillips

6 DATE OF BIRTH (month, day, and year) April 9/1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Herman P. Sheets

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Bertha Schurf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. P. Phillips

(Address) 2019 E. Monument St.

15 Filed 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25th 1929

17 I HEREBY CERTIFY, That I attended deceased from 7/2/28, 19..., to 1/25/29, 19...,

that I last saw h... alive on 1/24/29, 19...

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic nephritis

Diabetes- Hypertension

(duration) yrs. 6 mos. 03 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jean A. Bowden, M. D.

1-27 19 29 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	1/29/29,

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Cor.—12-9-25—A Co.—200 Sks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42250

CERTIFICATE OF DEATH.

E 42250

1-PLACE OF DEATH

City of BALTIMORE: (No. Arcade Movie House, St. Harford Rd.& Hamilton Ave. Ward) 27-43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm.Bishop Mc.Caddin

(a) RESIDENCE NO. 4402 Arabia Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria T.Mc.Caddin

6 DATE OF BIRTH (month, day, and year) Oct.2nd.1865

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
63	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.Md.

PARENTS

10 NAME OF FATHER Andrew Mc.Caddin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Storgg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Maria T.Mc.Caddin

(Address) 4402 Arabia Ave

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm Collins M. D.

(Coroner)

1/26/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. Date of Burial Jan. 29/29

20 UNDERTAKER Philips Henry ADDRESS 2010 Orleans St.

Every question must be answered, or satisfactorily explained, if not very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Blks.

E 42251 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

E 42251

BALTIMORE CITY HOSPITALS

CERTIFICATE OF DEATH

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Wiegand

(a) RESIDENCE NO. 2729 Eastern ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Wid.

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ late Margaret Wiegand

6 DATE OF BIRTH (month, day, and year) Mar 25/79

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~50~~	49	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adam Wiegand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Kuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-29

17 I HEREBY CERTIFY, That I attended deceased from 1-24 . 1929 . to 1-26 . 1929.

that I last saw him alive on 1-26 . 1929

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia, bilateral.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wirth M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul Cem.	1/29 1929
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans st

Spec.—12-9-25—A Co.—500 Bks.

E 42252

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E 42252

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2825 Alameda St., 9th Ward)

2-FULL NAME Miss Marion Virginia Lamar

(a) RESIDENCE NO. 2825 Alameda Ave., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg. Druggist

(c) Name of employer Sharp & Dohme

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph M. Lamar

11 BIRTHPLACE OF FATHER (city or town) Ind

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Dailey

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Joseph M. Lamar

(Address) 2825 Alameda Ave. Balto. Md.

Date Filed JAN 28 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928 to Jan 27, 1929, that I last saw her alive on Jan 26, 1929, and that death occurred, on the date stated above, at 4.45 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Laryngeal

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Timmerman M.D.

(Address) 2858 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Jan 30 1929

20 UNDERTAKER Harry W. Elden ADDRESS 944 N. North Ave

very important. See instructions on back of certificate. EXACT Statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

Hicks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42253

E 42253

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Mem Hospital REGISTERED NO. 129

CITY OF BALTIMORE: (No. 27-45 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Thomas Hicks

(a) RESIDENCE NO. 713 Woodbourne ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna L. Hicks

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor & Bldg.

(b) General nature of industry, business, or establishment in which employed (or employer) 616

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Mr. Robert Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mrs Anna Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records

(Address) Union Mem Hospital

15 Filed JAN 28 1929, 19 ... C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-29

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1929, to 1-27, 1929, that I last saw him alive on 1-26, 1929 and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Uremia, Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia, Myo Cardial Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) J. J. Geroghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Jan 29 1929

20 UNDERTAKER J. B. Spence ADDRESS 1322 Eutaw St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42254

E 42254

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 Beaumont St. (Ward) 27-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caspar Medvedik

(a) RESIDENCE NO. 803 Beaumont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Medvedik

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wire worker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Medvedik

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant (Address) Mary G. Niederding 802 E. Beaumont St. Balto

15 Filed ..... Per ..... Registrar

N 2 61929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 27, 1929, that I last saw h[e] alive on Jan 23, 1929, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Ch. Int. Nephritis, Ac. Myocarditis

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. M. Bishop, M. D.

Jan 28. 1929 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Jan 29 1929

20 UNDERTAKER Frank Grach Son ADDRESS 1906 Eastlan Av

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42255

CERTIFICATE OF DEATH.

E 42255

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2722 E Madison ST. 7-12 WARD)

2-FULL NAME Sarah J. O'Brien

(a) RESIDENCE NO. 2722 E Madison ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick J. O'Brien

6 DATE OF BIRTH (month, day, and year): October 19 1858

7 AGE — Years: 70 — Months: 3 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Martin J. O'Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Hamil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Wm O'Brien

(Address) 2722 E Madison St

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 25 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1928 to Jan 25 1929

that I last saw h alive on Jan 25 1929

and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Russell M. D.

1/26 1929 (Address) 801 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/29 1929

20 UNDERTAKER: Chas P. Grandison

ADDRESS: 11 S Howard Royal Ave

IMPORTANT: See instructions on back of certificates. Read attachment of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

E 42256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2311 W North Ave St. 15-68 Ward)

2-FULL NAME Henry J. Shallenberger.

(a) RESIDENCE NO. 2311 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine H Shallenberger

6 DATE OF BIRTH (month, day, and year) Aug 7-1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Rudolph Shallenberger

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Frank Shallenberger

(Address) 2903 E. Baltimore St

15 Filed ..... 19 ..... Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Lenk M. D.

Jan 26th, 1929 (Address) 1118 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery Date of Burial 1/29/ 1929

20 UNDERTAKER Chas F. Draue & Son ADDRESS 1180 Old Royal Ave

If DEATH in place of birth, so state. If any of the questions are not answered, it may be returned for completion. Please write very plainly. Use indelible pencil. Do not fold certificate. Physician or midwife should fill out and sign certificate properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec[illegible]-1-12-23—M&T—500 Bks.

E 42257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) Broadway & Fairmount (St.) (Ward) 6-9

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Foreman

(a) RESIDENCE NO. Harrisburg, Pa ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): ? ? 1860

7 AGE — Years: 69 — Months: ? — Days: ? — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Prof golfer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Church Home Records
(Address)

15 Filed Jan 8 1929 Per ..... 19 .....
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Jan 7, 1929, that I last saw h[illegible] alive on Jan 7, 1929 and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Columbus Date of Sept 20, 1928

Was there an autopsy? No
What test confirmed diagnosis? microscopic section of specimen

(Signed) Walter B. Johnson, M. D.

Jan., 1929 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburg Pa — DATE OF BURIAL: Jan 8 1929

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 1411 Bdy

Spec.—1-10-21—M&T—1500 Rks.

221 E 42258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

† 100-001

E 42258

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joe DeCicaire

(a) RESIDENCE NO. Joppa Md — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/4/25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 ~~5~~	10	21	~~/~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Paul DeCicaire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Tiarsaire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Reeds — (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 29 1929, 19 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 . 1929. to Jan 28 . 1929. that I last saw h alive on Jan 28 . 1929. and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James A Miller M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	1/28 1929

20 UNDERTAKER George J Ruth ADDRESS 1750 Harford Avenue

TION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

E 42259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42259

CERTIFICATE OF DEATH.

162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 ST. Banks 1-3 WARD)

2—FULL NAME Baby Bielat

(a) RESIDENCE NO. 2201 ST. Banks WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28 29

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Theodore Bielat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Stabeka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Otto Bielat

(Address) 2201 Banks St

15 Filed Jan 28 1929 19 *SI C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1929 to Jan 28 1929

that I last saw h[illegible] alive on Jan 28 1929

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William McGrath M. D.

(Address) 500 Eastwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus cem — DATE OF BURIAL: Jan 29 1929

20 UNDERTAKER: S. J. Fralkowski Inc. — ADDRESS: 1000 S. Kenwood Ave

FOR A VERY important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42260

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhan Hospital WARD) 33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Katherine Prince

(a) RESIDENCE NO. 218 E. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 17, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Prince

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie Nauman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14

Informant Joseph Prince

(Address) 218 E. Cross St.

Filed ..., 19 C. HAMILTON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 27, 1929, that I last saw h[illegible] alive on Jan 27, 1929 and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) 2 yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 218 E. Cross St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clynical findings

(Signed) Addison Craft Clark, M. D.

1-27 1929 (Address) Lyderhan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leadenhall Cem. DATE OF BURIAL Jan 29 1929

20 UNDERTAKER H. Howard Evans ADDRESS 35 E. Hoffman

Spec.—2-29-28—L. F. S.—500 Bks.

Marie Stamm

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42261 — E 42261

23-32 — 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Hanover ST., 23 WARD)

2—FULL NAME Marie Stamm

(a) RESIDENCE NO. 1827 Hanover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female. 4 COLOR OR RACE: White. 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Stamm

6 DATE OF BIRTH (month, day, and year): July 22, 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56,	6,	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Switzerland.

PARENTS

10 NAME OF FATHER ---------Schwien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont know.

12 MAIDEN NAME OF MOTHER "Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know.

14 Informant: Auther Stamm.

(Address): 1827 Hanover St. City

15 Filed Jan 29 1929 By? Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 25, 1929.

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1929. to January 25, 1929. that I last saw her alive on January 23, 1929 and that death ocrurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-Vascular Disease
Cardiac Enlargement
Myocardial Degeneration.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) Ten Minutes yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? None Date of xxxxx

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Signs & Symptoms.

(Signed) James E. Peterman, M. D.

(Address) 1228 South Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Arridental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Hill Cem	Jan 29 1929
20 UNDERTAKER	ADDRESS
A. Howard Evans	22 E Fayette

Spec.—1-12-23—M&T—500 Blks.

E 42262 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42262

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Presstman ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Bean Fulgham

(a) RESIDENCE NO. 603 Presstman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C Fulgham

6 DATE OF BIRTH (month, day, and year) Aug 12-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	5 4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hannah Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James E Fulgham (Address) 603 Presstman St

15 Filed JAN 28 1929 C. HAMILTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 25, 1929, that I last saw her alive on Jan 24, 1929, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W H Wright, M. D.

(Address) 1209 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-28 1929

20 UNDERTAKER Daniel Easton Davis

ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Blks.

E 42263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42263

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

REGISTERED NO. +129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Griffith

(a) RESIDENCE NO. Reisterstown Road. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Emma Given Griffith

6 DATE OF BIRTH (month, day, and year) Aug 20, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Edwin Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Penelope Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant Roberta Griffith

(Address) Reisterstown, Md

15 Filed JAN 29 1929 19 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1929, to January 27, 1929

that I last saw h[illegible] alive on Jan 26, [illegible], 1929

and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Joseph Laukaitis, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Cemetery, Oregon, Md.	Jan 29 1929

20 UNDERTAKER L. L. Marshall ADDRESS 3539 Balto Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 42264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42264

CERTIFICATE OF DEATH

99-00

1—PLACE OF DEATH Union Mem Hospital

CITY OF BALTIMORE: (No. ST., 2750 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. William C. Thelin

(a) RESIDENCE NO. Orangeburg ave & Cross County Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5 6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William T. Thelin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Griswold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address) C. HAMILTON JONES, M. D.

15 Filed JAN 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-29

17

I HEREBY CERTIFY, That I attended deceased from 1-4, 1929, to 1-28, 1929,

that I last saw him alive on 1-27-2, 1929,

and that death occurred, on the date stated above, at 7 35 a. m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Berry Hutchins, M. D.

1/28, 1929 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Clivet Cem	Jan 29 1929
20 UNDERTAKER	ADDRESS
H. Hutchins & Co.	Cathedral & Mulberry

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42265

CERTIFICATE OF DEATH

31

REGISTERED NO. E 42265

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1935 Ramsay ST. 20-26 WARD)

2—FULL NAME Lillian Va Schmidt

(a) RESIDENCE NO. 1935 Ramsay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed or Divorced, (write the word) Married

7a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Schmidt

6 DATE OF BIRTH (month, day, and year) Sept. 16-1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) O3T

(c) Name of employer

9 BIRTHPLACE (city or town) Elkton Md
(State or country)

PARENTS

10 NAME OF FATHER Walter H. Dempf

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant John A. Schmidt

(Address) 1935 Ramsay St.

15 Filed JAN 29 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24-1929

17 I HEREBY CERTIFY, That I attended deceased from November 20, 1928, to January 24, 1929, that I last saw h alive on January 24, 1929 and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) over 2 months yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(duration) over 2 months yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Henry Cole M. D.

1-26, 1929 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 28 1929
20 UNDERTAKER	ADDRESS
George L. Schwab	610 Cathedral St.

Spec.—1-10-21—M&T—1500 Bks.

E 42266

HEALTH DEPARTMENT—CITY OF BALTIMORE

42266

CERTIFICATE OF DEATH.

161-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St., 70-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Kuester

(a) RESIDENCE NO. 2209 W. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1929

7 AGE Years / Months / Days / If LESS than 1 day, 20 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work newborn

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Herman Kuester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Henry Herman Kuester (Address) 2209 W. Pratt St.

15 Filed JAN 28 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1929, to Jan. 27, 1929,

that I last saw he alive on Jan 27, 1929,

and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) [illegible] M. D.

, 19 (Address) 5[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 29 1929

20 UNDERTAKER F. A. Wessent

ADDRESS 1850 W. Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Rocchi

E 42267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 42267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital ST., 66 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Rocchi

(a) RESIDENCE NO. 2934 6 Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nazzarino Rocchi

6 DATE OF BIRTH (month, day, and year) Feb 3 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55 56		11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Neri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Nazzarina Rocchi

(Address) 2918 E. Fayette st

Filed JAN 28 1929 H. [illegible] YATES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/23 .1929. to 1/26 .1929.

that I last saw her alive on 1/26 .1929.

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 1/24/29

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) [signature] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 29 1929
UNDERTAKER Frank V. Pikerton	ADDRESS 2818 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-09

E 42268

1-PLACE OF DEATH Dr. White's Hospital

CITY OF BALTIMORE: (No. 1029 Madison Avenue ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Taliaferro

(a) RESIDENCE NO. York Hotel, Dolphin & Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Baby

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: xxxx

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: xxxx

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Hattie Taliaferro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address)

15 Filed N 2 1929 C. HARRISON JONES, M. D. Registrar

3194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h alive on ....., 19..... and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

.....(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

.....(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19

20 UNDERTAKER Commissioner Health

ADDRESS

Per Wm. E. Woodall

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42269

CERTIFICATE OF DEATH.

× 101-001

E 42269

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. U. S. Marine Hospital, St., 79-H 9 Ward)

2-FULL NAME Walter Bell

(a) RESIDENCE NO. Tipler Road Ferndale Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bell

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1860.

7 AGE Years 68 Months 2 Days 16 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Clara Bell

(Address) Tipler Road, Ferndale, Md.

15 Filed 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Inspection or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Cerebral

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

(Signed) Thos. H. Morrison, M. D.

(Coroner)

1/27, 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Patient

19 PLACE OF BURIAL, CREMATION OR REMOVAL nat. cemetery Date of Burial 1/30 1929

20 UNDERTAKER Richard H. Wagner ADDRESS 1620 Ashburton St

Very important. See instructions on back of certificate. Be sure to print, as this is to be photographed. Exact statement of OCCUPATION is

E 42270 — Form 1—H&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 42270

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1631 Brunt ST. 14-20 (WARD) Bond

2-FULL NAME Charles Barnes

(a) RESIDENCE No. 1631 Brunt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alberta Barnes

6 DATE OF BIRTH (month, day, and year) ?1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Cheatham

(Address) 2007 Madison Ave.

15 Filed JAN 28 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 22 1929, to Jan 27 1929,

that I last saw him alive on Jan 26 1929,

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

1 Strangulation by hung

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Lee, M. D.

(Address) 1728 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1-28-29

20 UNDERTAKER Grant Eichard

ADDRESS 914 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Donaldson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42271

E 42271

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Eutaw~~ Monzar Hosp. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucian T. Donaldson

(a) RESIDENCE NO. Cathedral + Madison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1868.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer at Law

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Thos. Donaldson

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Thurston

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant

(Address) 503 Eutaw

15 Filed JAN 26 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

Jan 28 1929 (Signed) J. H. Kelly M. D.

(Coroner)

(Address) 1039 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Date of Burial Jan 29, 29

20 UNDERTAKER John O Mitchell and Sons ADDRESS 1908 Eutaw Place

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42272

CERTIFICATE OF DEATH.

E 42272
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2302 Severn ST., WARD

2-FULL NAME Elizabeth Imfang

(a) RESIDENCE NO. 2302 Severn ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Imfang

6 DATE OF BIRTH (month, day, and year) Jan 16 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Henry Riggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Ellen Kark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Herman Imfang
(Address) 2302 Severn St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to Jan 28, 1927, that I last saw her alive on Jan 27, 1927, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Influenza (a)

(duration) no yrs. 1 mos no ds.

CONTRIBUTORY (Secondary) Pulmonary Heart Disease

(duration) no yrs. no mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart, murmurs, Pulmonary

(Signed) Raymond Jensen, M. D.

Jan 28 1927 (Address) Parkland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Memorial Cem DATE OF BURIAL Jan 30 1927

20 UNDERTAKER John O Mitchell & Son ADDRESS 1901 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

E 42273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42273

REGISTERED NO.

1—PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd ST., 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Wilson Jr.

(a) RESIDENCE NO. 507 Washington Ave ST., WARD Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md

PARENTS

10 NAME OF FATHER John E Wilson

11 BIRTHPLACE OF FATHER (city or town) Hagerstown (State or country) Md.

12 MAIDEN NAME OF MOTHER Madge Brown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Hospital Records

(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 28, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

acute Nephritis.

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) - yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? Hagerstown, Md.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J D Geraghty M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md

DATE OF BURIAL Jan 28 1929

20 UNDERTAKER John C Mitchell and Son

ADDRESS 19 E Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42274

E 42274

CERTIFICATE OF DEATH.

11-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3901 N. Charles ST. 12-46 WARD)

2-FULL NAME Louise E. Heuermann

(a) RESIDENCE NO. 3901 N. Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredk. J. Heuermann

6 DATE OF BIRTH (month, day, and year) Sept 17, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER L. Saffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Son, Fred. W. Heuermann (Address) 3901 N. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1929 to Jan. 28 1929.

that I last saw her alive on Jan 27 1929.

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. T. S Hemmeter M. D.

Jan 28 1929 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/30 19 29

20 UNDERTAKER H. H. Cook

ADDRESS 2124 Eutaw

FEB 2 1929 C. HANSON JONES, M. D.

For

IMPORTANT is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42275

CERTIFICATE OF DEATH

57 E 42275

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Celeste Ely

(a) RESIDENCE NO. 841 Park Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5 1883

7 AGE: Years 45 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jesse F. Ely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ada Lodge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant: Hospital Records (Address)

15 Filed JAN 2 0 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 . 1929 . to Jan 27 . 1929 . that I last saw her alive on Jan 27 . 1929 and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia (Influenzal)

Diabetes Mellitus.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

1/29 (Signed) Theo A. Remington M. D.

1/29 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL 1/29 19 29

20 UNDERTAKER: J M Cook

ADDRESS 1217 E Lan[illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 42276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 42276

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3310 Bayonne Ave Ward 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Clifford

(a) RESIDENCE NO. 3310 Bayonne Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard P. Clifford

6 DATE OF BIRTH (month, day, and year): Sept 29 - 1864

7 AGE: Years 66 | Months 3 | Days 30 | IF LESS than 1 day ..... hrs. or ..... min. (24)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER: David Norton

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Mary E. Shields

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland.

14 Informant: Bernard Clifford

(Address) 3310 Bayonne ave

15 Filed ..... 19 ..... Registrar

JAN 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 28th 19 29

17 I HEREBY CERTIFY, That I attended deceased from Oct 19 28, to Jan 25, 19 29, that I last saw h.e.r. alive on Jan 25, 19 29, and that death occurred, on the date stated above, at 12:15 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fitz d Kemper, M. D.

1-29, 19 29 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 1/31 19 29

20 UNDERTAKER: Chas E. Praul & Son — ADDRESS 1820 Mt Royal Ave

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42277

CERTIFICATE OF DEATH

57

E 42277

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2006 Fleet ST. 2-4 WARD)

2—FULL NAME MARY GEIS

(a) RESIDENCE NO. 2006 Fleet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If foreign birth 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Geis

6 DATE OF BIRTH (month, day, and year) October 4, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Hirsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Anna Crawford (Daughter)

(Address) 2006 Fleet Street

15 Filed 1-31-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 27, 19 , to Jan 26, 19 29

that I last saw h[illegible] alive on Jan 14, 19 29

and that death occurred, on the date stated above, at 11.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Leo [illegible] M. D.

1/26, 19 29 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Jan. 29 1929

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—1-10-21—M&T—1500 Blks.

Rowen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29476 E 42278

CERTIFICATE OF DEATH.

100-001 E 42278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Rowen

(a) RESIDENCE NO. 3621 Springdale ST., Cor WARD Forest P/k —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 10/27/28

7 AGE: Years — Months 3 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Paul Rowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER: Elanor Eisenbrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant: Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 29 1929 H. HANSON JONES, M. D. Registrar

N 2 9 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/28 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 1929, to 1/28, 1929.

that I last saw her alive on 1/28, 1929,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia. (Primary)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) James D. Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Jan 29th 29

20 UNDERTAKER: Leitham & Gore — ADDRESS: 1723 W. Fayette Ave

ION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Lewis Dr Hutt 532 E 22nd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42279

CERTIFICATE OF DEATH

100-001

E 42279

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5909 Tilley Rd ST. 27-4X WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elinor L Lewis

(a) RESIDENCE NO. 5909 Tilley Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Arthur M Lewis

11 BIRTHPLACE OF FATHER (city or town) Balt Md
(State or country)

12 MAIDEN NAME OF MOTHER Ellen A Burrill

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Arthur Lewis

(Address) 5909 Tilley Rd

15 Filed APR 2 8 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to January 27 1929, that I last saw h[illegible] alive on January 27, 1929, and that death occurred, on the date stated above, at 7.0[illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) James F Hutt, M. D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 1/29 1929

20 UNDERTAKER H Cook

ADDRESS 1215 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Strull 445 E Fort Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42280

CERTIFICATE OF DEATH

129 E 42280

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Covington ST. 24 33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A. Ringrose

(a) RESIDENCE NO. 1442 Covington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Ringrose

6 DATE OF BIRTH (month, day, and year) Jan 16 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Foreman 13

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road Shop 01

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Aaron Ringrose

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Rebecah Lacey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Helen F. Cornell
(Address) 1442 Covington St

15 Filed JAN 28 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 28 to Jan 27 19 29

that I last saw h.. alive on Jan 27 19 29

and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Hypertension

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Strull M. D.

1/28, 1929 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	2 1 19 29
20 UNDERTAKER	ADDRESS
W. M. Cook	217 S Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42281

E 42281

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S Bouldin St. 26-7 WARD)

REGISTERED NO. 11-001 L

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Bilz

(a) RESIDENCE NO. 102 S. Bouldin ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Bilz

6 DATE OF BIRTH (month, day, and year) Dec 10 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Sebastian Rehmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Bilz

(Address) 102 S. Bouldin St

15 Filed N 28 1929, 19.. C. HILLIARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 27, 1929, that I last saw her alive on Jan 27, 1929, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

(a) Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Dr. O'Leary, M. D.

1/28, 1929 (Address) 705 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart of Jesus	Jan 31 1929
20 UNDERTAKER	ADDRESS
Wm. E. Miller & Son	2334 E. Lanvale St.

Cor.—12-9-25—A Co.—200 Bks.

E 42282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 42282

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 7-13 Ward)

2-FULL NAME John Sutch (Seech)

(a) **RESIDENCE NO.** 942 N. Castle St. Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Aug 1/1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Ella Grainger

(Address) 942 N. Castle St.

15 Filed_____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Peritonitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction possibly malignant

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) [signature] M. D.

(Coroner)

1/27/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem Date of Burial Jan 30 29

20 UNDERTAKER John Leech ADDRESS 2008 Aisquith

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

2186 26 E 42283 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42283

CERTIFICATE OF DEATH. 21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 76-37 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace K'lein

(a) RESIDENCE No. 900 S. 6th. St—Balto ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: James K'lein

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 31 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md—

PARENTS

10 NAME OF FATHER: Joseph —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Allie Severe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Parents
(Address)

15 Filed JAN 28 1929 JOHNS HOPKINS HOSPITAL

C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from October 9, 1928, to January 28, 1929, that I last saw her alive on January 28, 1929, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Heart Failure

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Erysipelas

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Exam of heart.

(Signed) Chas Bagley Jr M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: Jan 1929

20 UNDERTAKER: John Ulrich — ADDRESS: 408 Eden St

ATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

REGISTERED NO. E 42284

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 835 N Collington ST. 7/12 (WARD)

2—FULL NAME Frank W Pohl

(a) RESIDENCE NO. 835 N Collington ST., 7 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Malr	White	Married

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Pohl

6 DATE OF BIRTH (month, day, and year) April 9 1845 Germany

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Manft

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

11 Informant Elizabeth Pohl

(Address) 833 N Collingtoh Ave

15 Filed JAN 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 26, 1929, that I last saw him alive on Jan 25 1929 and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

CONTRIBUTORY (Secondary) Chronic val disease of heart (duration) yrs. mos. 1 ds.

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L Danderen, M. D.

. 19 (Address) 1744 N Leandine St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan 29 19 29

20 UNDERTAKER John Ellis — ADDRESS 2 Orleans

Spec.—1-12-23—M&T—500 Blks.

Kahosk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42285

CERTIFICATE OF DEATH.

3/ E 42285

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 2-4 WARD)

2-FULL NAME Peter Kahosk

(a) RESIDENCE NO. 117 S. Spring st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Paul Kahosk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Russia

14 Informant (Address) C. HAMPSON JONES, M.D. Hospital Records

15 Filed JAN 29 1929, 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 19 29

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11, 19 28, to Jan. 26, 19 29,

that I last saw h in alive on Jan. 26, 19 29

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith, M. D.

1-28-29 19 .. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Russian Independent	Jan 29, 19 29
20 UNDERTAKER	ADDRESS
John Grablauskas	423 S. Paca St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 42286

CERTIFICATE OF DEATH.

E 42286

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 Ravena Ave St. 27-48 Ward

2-FULL NAME Percy Shaw

(a) **RESIDENCE NO.** 705 Ravena Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Belle Shaw Bm 1892 (Corr)

6 DATE OF BIRTH (month, day, and year) Nov 21/1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	~~37~~ 36	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electric Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER James Shaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Jane Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Wife

(Address) 705 Ravena Ave

15 Filed 1/29 1929 19 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 29/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Accident (Convulsion)

Possibly Menlngitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Influenza

10 days ago (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address) 1/28/29 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial Jan. 29 1929.

20 UNDERTAKER Horace A. Burgee ADDRESS 3631 Fallsroad

Spec.—1-10-21—M&T—1500 Bks.

SALTER

E 42287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42287

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, 1427 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Parker Sellers.

(a) RESIDENCE NO. 524 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Sellers

6 DATE OF BIRTH (month, day, and year) July 27 1902

7 AGE — Years: 26 — Months: 6 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wenpell N Carolina

PARENTS

10 NAME OF FATHER Dolson Terry.

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER Elsie Wofford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: William Sellers

(Address) 524 N Mount St

15 Filed JAN 29 1929, 19 THEODORE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/26, 1929, to 1/28, 1929.

that I last saw h alive on 1/28, 1929,

and that death occurred, on the date stated above, at 11:05 A. m.

The CAUSE OF DEATH* was as follows:

Ruptured Pelvic Abscess

(Colon bacillus)

Fibroid Uterus.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pentavites

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1/28/29

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Woodson

DATE OF BURIAL: Jan 30th 1929

20 UNDERTAKER: Garnett L Wright

ADDRESS: 344 Kenyon

TION is very important. See instructions on back of certificate. EAST Attachment of OCCUPA-

Corr.—10-10-29—A Co.—100 Bks.

E 42288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42288

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 31 S Dallas St., 3 4 Ward)

2-FULL NAME Addison Smith

(a) RESIDENCE NO. 31 S Dallas St., _____ Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	colored	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Smith

6 DATE OF BIRTH (month, day and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Conn.
(State or country)

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Elizabeth Smith
(Address) 31 S. Dallas St.

15 Filed _____, 19 _____ (C. HAYDON JONES) Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul T.B.

6 Paralysis

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

_____ (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. G. B. Yates M. D.

31 . 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pet. Auburn Cem.	Jan 30 1929
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	46 N. Carey St.

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42289

E 42289

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. H-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lynn S Sauter

(a) RESIDENCE NO. Woodlawn, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31, 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woodlawn Md.

PARENTS

10 NAME OF FATHER A. Maurice Sauter

11 BIRTHPLACE OF FATHER (city or town) Woodlawn (State or country) Maryland

12 MAIDEN NAME OF MOTHER E May Tettier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Woodlawn Md.

14 Informant Father. A M. Sauter (Address) Woodlawn Md.

15 Filed 1-29-1929 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/29

17 I HEREBY CERTIFY, That I attended deceased from 1/13, 1929, to 1/28, 1929, that I last saw him alive on 1/28, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Empyema of Left Pleura

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. 2 mos. ds. 11

18 Where was disease contracted if not at place of death? Woodlawn Md.

Did an operation precede death? Yes Date of 1/14/29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) F. A. Lumpkin M. D.

1/28, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive, Roslyn

DATE OF BURIAL Jan. 31 1929

UNDERTAKER Forst & Cook

ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. P. S.—500 Blks.

E 42290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74006 E 42290

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Hollins ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Timothy Seward

(a) RESIDENCE NO. 1128 Hollins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Seward

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	53	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Eggs and Butter

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Timothy W. Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Ellen Crowl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Ada Seward Murphy

(Address) 114 Collins Avenue

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1928, to Jan 27, 1929

that I last saw him alive on Jan. 26, 1929

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Uremic nephritis

Contributory (Secondary) Cerebral Hemorrhage (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) John C Osgood, M. D.

1-27-1929 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 29 1929
20 UNDERTAKER Joseph Cook	ADDRESS 1003 West Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42291

CERTIFICATE OF DEATH.

90 E 42291

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Callow-s Lafayette ST. 13-52 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard, B. Carr.

(a) RESIDENCE No. 901 W. 34th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy A. Carr.

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 04

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

PARENTS

10 NAME OF FATHER Alexander B. Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co, Md.

12 MAIDEN NAME OF MOTHER Nellie Carr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co. Md.

14 Informant Daisy A. Carr

(Address) 901 W. 34 st.

Filed JAN 29 1929, 19 Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1928, to Jan 28, 1929, that I last saw h[illegible] alive on Jan 27, 1929, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Chronic hypertension heart disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure, Pleural & pericardial effusion.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Alexander B. Sherman M. D.

1/28. 1929 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Cem Burtonsville Co Md. DATE OF BURIAL 1/30/29.

20 UNDERTAKER Walter Davis ADDRESS 3307 Raine st.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42292 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 42292

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST. 1-3 (WARD)

2-FULL NAME Mitchell Nowakowski

(a) RESIDENCE NO. 317 S. Madeira St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Nowakowski

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist 076

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Peterson Oil

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Zarkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Record

(Address) .....

15 Filed ..... 19.. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1929 to Jan 28 1929, that I last saw h[illegible] alive on Jan 28 1929, and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) M B Hendrix M. D.

19 29 Address St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Jan 30 1929
20 UNDERTAKER J. W. Rozenski	ADDRESS 1730 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42293 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 4-47 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles George White

(a) RESIDENCE NO. 704 E 35th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Louise Nallidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant records

(Address) JOHNS HOPKINS HOSPITAL, BALTO., MD.

15 Filed JAN 29 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1929, to 1-25, 1929,

that I last saw him alive on 1-25, 1929,

and that death occurred, on the date stated above, at 8.15 p.m.

The CAUSE OF DEATH* was as follows:

uremia

Bright's disease

(duration) some yrs. mos ds.

CONTRIBUTORY (Secondary) uremic delirium

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Asher Hertzler, M. D.

1-25 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 1/29, 29

20 UNDERTAKER F. Sherman & Bro ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42294

REGISTERED NO. 129 E 42294

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 E. North ave 9-18 Ward)

2-FULL NAME Charles H. Koehler

(a) RESIDENCE NO. 826 E. North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28th 1903

7 AGE: Years 25 | Months 6 | Days 7 | If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md,

PARENTS

10 NAME OF FATHER Charles Koehler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mabel Wertz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mrs Mabel Koehler

(Address) 826 E. north ave

Jan 29 1929 C. HARRISON JONES, M. D.

....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1929

17

I HEREBY CERTIFY, That I attended deceased from July 18 1928, to Jan. 28th, 1929, that I last saw him alive on Jan. 28th, 1929, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs, Symptoms & Laboratory

(Signed) Harry T. Rosenthal, M. D.

, 19 (Address) 3704 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — Date of Burial 1/31 1929,

20 UNDERTAKER: Margaret G. Flynn — ADDRESS 1422 Light

very important. See instructions on back of certificates.

PAGE STATEMENT OF OCCUPATION 18

Spec.—1-12-23—M&T—500 Bks. Ernest Jones

E 42295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42295

CERTIFICATE OF DEATH.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ST. 16-37 WARD)

2-FULL NAME Ernest Jones

(a) RESIDENCE NO. Raspburg, Md. Hazelwood Ave & Belvidere WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER J.T. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hospital Records

14 Informant (Address)

15 Filed JAN 29 1929 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 19 29, to Jan. 27, 19 29, that I last saw h alive on Jan. 27, 19 29 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

1-29, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richwood Cemetery DATE OF BURIAL Jan. 30 29

20 UNDERTAKER Frederick Lasseter ADDRESS Govs Pulaski

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42296

CERTIFICATE OF DEATH

E 42296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 26-39 Ward)

2-FULL NAME Carl J. Hoffmeister

(a) RESIDENCE NO. 482 N Howard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Hoffmeister

6 DATE OF BIRTH (month, day, and year) June 7th 1903

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	25	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Welding Contractor
(c) Name of employer Edward J. Hoffmeister

9 BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles G. Hoffmeister

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ottilie A. Dochring

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Germany

14 Informant Charles G. Hoffmeister
(Address) Stemmers Run Md

Filed JAN 29 1929 C. RAYMOND [illegible] M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:

Auto Acc
Multiple Fractures

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — —
If not at place of death?

Did an operation precede death? Date of?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Blades M. D.

(Address) 473 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mon Lutheran Cemetery	Jan 30 29

20 UNDERTAKER Frederick Lessaline ADDRESS Fawn Pulleston

See instructions as plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42297

11-022

E 42297.

1-PLACE OF DEATH

City of Baltimore: (No. 538 Burgundy St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Pettis

(a) RESIDENCE NO. 538 Burgundy St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R.R. Co

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mary Smith
(Address) 212 S. Green St

15 Filed Jan 29, 1929 C. HARRISON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feltz M. D.

1/28. 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemtry

DATE OF BURIAL 1/29 1929

20 UNDERTAKER Walter B. Spicer

ADDRESS 1329 W. Hamburg St.

Plat

Be sure to write plainly in ink, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42298

E 42298

CERTIFICATE OF DEATH.

31 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Chester ST., 7 17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A Rebbert.

(a) RESIDENCE NO. 735 N. Chester ST., 7 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Rebbert.

6 DATE OF BIRTH (month, day, and year) Oct. 8th 1899

7 AGE	Years	Months	Days 20	If LESS than 1 day, hrs or min.
	29	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 37

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Drexler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Medinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14

Informant George J. Rebbert
(Address) 735 N. Chester St.

Filed Jan 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28th 1929

17

I HEREBY CERTIFY, That I attended deceased from April, 1928, to Jan. 28, 1929.

that I last saw her alive on Jan 27, 1929

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
2 infection

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jan 29 19 29 Neil Kegel M. D.

(Address) 600 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan 31st 1929

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42299

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-00 E 42299

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1240 Darley Ave. ST. 8-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JOHN W. BETZ

(a) RESIDENCE NO. 1240 Darley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella A. Betz

6 DATE OF BIRTH (month, day, and year) November 4, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Henry Sander & Sons. Inc.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Betz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Ella A. Betz (Wife)

(Address) 1240 Darley Ave.

Filed JAN 29 1929 19 C. HAMILTON JAMES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1929, to Jan. 28, 1929, that I last saw him alive on Jan. 27, 1929 and that death occurred, on the date stated above, at 12.13 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) H. G. Fitzgerald, M. D.

Jan 29 1929 (Address) 163 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 31 1929
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—2-29-28—L. F. S.—500 Blks. Seth K. Kinsey

E 42300 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42300

8 CERTIFICATE OF DEATH 91-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4319 Park Heights Ave ST. 15-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Seth K. Kinsey

(a) RESIDENCE NO. 4319 Park Heights Ave ST.? WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1851

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	77	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Clark Kinsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah McGuigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant: Mrs. Cecelia R. Murphy

(Address) 4319 Park Hghts. Ave.

15 JAN 29 1929 ALLEN JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 19 28, to January 26, 19 29, that I last saw him alive on January 25, 19 29 and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 6 Weeks f

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cunningham M. D.

1/29 19 29 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/30 19 29
20 UNDERTAKER Charles H Keehner	ADDRESS 1533 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 42301 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 42301**

CERTIFICATE OF DEATH

100-001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 18-16 St., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ephriam Gaither

(a) RESIDENCE No. 103 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 29, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Gaither

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Gaither

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm R. Gaither
(Address) 103 N. Carey St

15 JAN 29 1929 CLAMPITT-JONES CO. Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 25, 1929, that I last saw him alive on Jan. 27, 1929, and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:
Hypertrophies prostate; acute retention; uremia; generalized arteris-sclerosis (?)
(duration) (?) yrs. mos.

CONTRIBUTORY (Secondary) Terminal Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home
Did an operation precede death? yes Date of Jan 22, 1929
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Elizabeth B. Sherman, M. D.
1/27, 1929 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 30 1929

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42302

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 Fulton Ave St. [illegible] Ward)

REGISTERED NO. 90 E 42302

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ebenezer Riley

(a) RESIDENCE NO. Home for the Aged of the M. E. Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Martha June Riley

6 DATE OF BIRTH (month, day, and year) Dec 24th 1843.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	85	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER John Riley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co.

(State or country) Md.

14 Informant Etta Cuddy

(Address) 700 N. Fulton Ave.

Filed JAN 29 1929 C. HARRISON JONES, M. Registrar

By [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Oct~~ Jany 27- 29

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1928 to Jany 27, 1929, that I last saw h. ~~in~~ alive on Jany 26, 1929, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteric Conditions

(Duration) ✓ yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Shannon, M. D.

1/27, 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Date of Burial Jan 30 1929

20 UNDERTAKER George J. Smith ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Blks.

E 42303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42303

CERTIFICATE OF DEATH

11-001

REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 William ST. WARD)

2—FULL NAME Elizabeth Jane Hunt

(a) RESIDENCE NO. 1409 William ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William A. Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Clara M. Berger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Clara M. Hunt

(Address) 1409 William St.

15 Filed FEB 29 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 27, 1929, that I last saw h[illegible] alive on Jan 26, 19 29 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mitchell M. D.

1/27, 1929 (Address) 1409 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.C.S.

DATE OF BURIAL 1/30 1929

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1420 Light St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Keech 2502 Calvert Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42304

CERTIFICATE OF DEATH

E 42304

1—PLACE OF DEATH — REGISTERED NO. 15-58 101-09

CITY OF BALTIMORE: (No. 4123 Reisterstown Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George A Forry

(a) RESIDENCE NO. 4123 Reisterstown Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Robert A Forry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Jessie M Reimann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Robert A Forry

(Address) 4123 Reisterstown Rd

15 Filed 2 9 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 28, 1929, that I last saw h[illegible] alive on Jan 28, 1929 and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Hobart Keech, M. D.

Jan 28, 1929 (Address) 2502 Calvert Hall Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hanover Pa	1 29 1929
20 UNDERTAKER	ADDRESS
J M Cook	2702 Foulkt

Spec.—2-29-28—L. F. S.—500 Bks.

E 42305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-002

E 42305

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hosp ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Barker

(a) RESIDENCE NO. 1159 Cleveland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Barker.

6 DATE OF BIRTH (month, day, and year) 1901.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill hand

(b) General nature of industry, business, or establishment in which employed (or employer) 046

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Baker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emma Hodges.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Cecilia Barker.

(Address) [redacted]

15 Filed Dec. 29 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1929, to Jan 28, 1929, that I last saw h/ alive on Jan 28, 1929 and that death occurred, on the date stated above, at 12:30 P(A)m.

The CAUSE OF DEATH* was as follows:

Acute glomerulo Nephritis.

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Phlebitis Right Leg and cerebral Thrombosis (duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. T. Turnbach, M. D.

, 19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Hill Cem

DATE OF BURIAL 1-31 19 29

20 UNDERTAKER [illegible]

ADDRESS 1214 S Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 42306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42306

CERTIFICATE OF DEATH.

161-80

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1016 Light ST., 23-33 WARD)

2-FULL NAME Elmer E. Dawson Jr

(a) RESIDENCE NO. 1016 Light ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 18. 1929

7 AGE — Years: — Months: — Days: 10 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Elmer E. Dawson Sr

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Edna C. Wise

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Edna C. Wise
(Address) 1016 Light St.

Filed JAN 29 1929 HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929 to Jan 28. 1929

that I last saw him alive on Jan 28. 1929

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7 Months gestation)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hayden — DATE OF BURIAL Jan. 29 1929

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42307

CERTIFICATE OF DEATH.

159-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home 1148-45 ST. 10 WARD)

2-FULL NAME Baby Henry

(a) RESIDENCE No. 2811 Mayfield ave. (Parents address) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wilbert J Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma L Busse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co

14 Informant Mrs Wilbert J Henry

(Address) 2811 Mayfield Ave

15 Filed Jan 30 1929 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/ 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Jan 29, 1929, that I last saw h alive on Jan 19, 1929 and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Congenital Abnormality

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/20/29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) John Mace Jr M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL Jan 30 1929

20 UNDERTAKER John F Denny ADDRESS 715 Fulton

Spec.—2-29-28—L. F. S.—500 Bks. Minnie A. Thelan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42308 — CERTIFICATE OF DEATH — 101-001 — E 42308

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Thelan

(a) RESIDENCE NO. 3018 Elliott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Harry Grandlist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Nearest Kin BALTIMORE CITY HOSPITALS (Address)

15 Filed 2-9-1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-29

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1929, to 1-26, 1929, that I last saw h[illegible] alive on 1-26, 1929 and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ? ds.

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

BALTIMORE CITY HOSPITALS, 1929 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	Jan 30 1929
20 UNDERTAKER	ADDRESS
J. W. J. Stum & Son	156 Eugene St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42309

CERTIFICATE OF DEATH

74-001 E 42309

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2813 Fait ave. ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maryanna Michalska

(a) RESIDENCE NO. 2813 Fait ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 23/1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Bozowiak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Z. J. Gmund Michalski

(Address) 2813 Fait ave.

15 Filed JAN 29 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/29

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 19 29 to 1/28, 19 29.

that I last saw h. alive on 1/28, 19 29

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - artero sclerosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + symptoms

(Signed) Jos A Bullock, M. D.

, 19 (Address) 1628 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Polish National Holy Cross	Jan 31 1929

20 UNDERTAKER George A. Weber ADDRESS 705 S. Amity

Spec.—1-12-23—M&T—500 Blks.

E 42310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Hanwood Ave. Sec. 27 WARD) 11-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Germond

(a) RESIDENCE NO. 611 Hanwood Ave. Sec. 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 21 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Edward Louis Germond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Catonsville Md

12 MAIDEN NAME OF MOTHER Nellie Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Geo. W. Gilbert

(Address) 1 E. Richfield Rd.

15 Filed JAN 29 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28. 1929

17 I HEREBY CERTIFY, That I attended deceased from January 8, 1929, to January 28, 1929, that I last saw him alive on January 27, pm, 1929, and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 15 da.

CONTRIBUTORY (Secondary) Pneumonia Lobar Double

(duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical Symptoms

(Signed) William J. Todd, M. D.

, 19 (Address) 5117 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville - Waverly. DATE OF BURIAL Jan 30 1929.

20 UNDERTAKER Edward Holmes ADDRESS Druid

Spec.–7-17-26—A Co.—200 Bks.

Granger.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42311 — **CERTIFICATE OF DEATH** — **E 42311**

1-PLACE OF DEATH — Roland Park — REGISTERED NO. 27-53

City of BALTIMORE: (No. Kirkleigh Rd. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie L. Granger

(a) RESIDENCE NO. Kirkleigh Rd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 5. 1851

7 AGE — Years: 77 — Months: 8 — Days: 20

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Maryland

PARENTS

10 NAME OF FATHER Mathew Granger

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Walty

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs William Miller

(Address) 3600 Springdale Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28 1929

17 I HEREBY CERTIFY, That I attended deceased from July 26. 1929. to July 28. 1929.

that I last saw h alive on July 28 1929.

and that death occurred, on the date stated above, at 6.30 A.M. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Chr Myocarditis 3 Days

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Chevrier M. D.

19 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Catherdral Cemetery — Date of Burial Jan 30 1929

20 UNDERTAKER Mary M Wedgell — ADDRESS 5016 22nd

JAN 29 1929

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42312

CERTIFICATE OF DEATH

24-001

E 42312 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 628 W. Conway St. ST. 22-30 (WARD)

2—FULL NAME Frederick V. Hahneman n

(a) RESIDENCE NO. 628 W. Conway St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hahneman

6 DATE OF BIRTH (month, day, and year) March 11, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John A. Hahneman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Miss Helen M Hahneman
(Address) 628 W. Conway St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to January 27, 1929, that I last saw h im alive on January 27, 19 29 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cerebral Hemorrhage

(duration) yrs 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ellis Hemeleman M. D.

1/28, 19 29 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/30 19 29

20 UNDERTAKER Wm. J. Tickner & Sons,

ADDRESS North Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42313

CERTIFICATE OF DEATH

129

REGISTERED NO. E 42313

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 1010 N. Fulton Ave ST. 6 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Henry Kirk.

(a) RESIDENCE NO. 1010 N. Fulton Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Kirk

6 DATE OF BIRTH (month, day, and year) May 16 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Store - Sales

(b) General nature of industry, business, or establishment in which employed (or employer) Sales Mgr.

(c) Name of employer Bragers. Phila Pa.

9 BIRTHPLACE (city or town) (State or country) Phila Pa.

PARENTS

10 NAME OF FATHER Benj. Kirk.

11 BIRTHPLACE OF FATHER (city or town) Phila. Pa

12 MAIDEN NAME OF MOTHER Anna M Bennett

13 BIRTHPLACE OF MOTHER (city or town) Phila Pa

14 Informant Mrs. Mary S. Kirk.

(Address) 1010 N. Fulton Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1929 to Jan 29 1929

that I last saw him alive on Jan 28 1929

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

Myocarditis Senile

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis H. Todd, M. D.

, 19 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem. Phila Pa	Jan 30 1929
20 UNDERTAKER	ADDRESS
Wm. McClure Sons	Rockford Ill

JAN 29 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42314

CERTIFICATE OF DEATH

74-001

E 42314

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N Fulton ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Granger

(a) RESIDENCE NO. 1605 N Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Edmond Granger

6 DATE OF BIRTH (month, day, and year): Feby 11 1866

7 AGE: Years 62 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Rinus A Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Mays

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edmond Granger

(Address) 1605 N Fulton

15 Filed JAN 29 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/29/29

17 I HEREBY CERTIFY, That I attended deceased from 1/28/29, 19, to 1/29/29, 19, that I last saw her alive on 1/29/29, 19, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 4 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Armstrong M. D., M. D.

19 (Address) 1702 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Jany 31 19 29

UNDERTAKER: W. Turner & Sons

ADDRESS: Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 42315

CERTIFICATE OF DEATH

E 42315

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Randall ST.) (03-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Alvira Walters

(a) RESIDENCE NO. 12 N Randall ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Nov 12 1843

7 AGE: Years 85 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Bates Md

PARENTS

10 NAME OF FATHER: H Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alvira Daly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Estelle S Walters
(Address) 12 N Randall

15 Filed JAN 29 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29/29

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 29, 1929

that I last saw h[illegible] alive on Jan 28, 1929

and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Influenza (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. P. Cumbo, M. D.

Jan 29, 1929 (Address) 644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 31, 29
20 UNDERTAKER	ADDRESS
W. F. Cadwallader Sons	Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42316

CERTIFICATE OF DEATH

E 42316

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1349 Ridgely ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Donald S. Bulolwic.

(a) RESIDENCE NO. 1349 Ridgely ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Son

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Son

6 DATE OF BIRTH (month, day, and year): Jan 15 1928

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Bulolwic

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Lottie Bellmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr Lottie Bulolwic

(Address): 1349 Ridgely St

15 Filed JAN 29 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 27, 1929, that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross. C.C. Co.	Jan 30 1929

20 UNDERTAKER: Chas L. Stevens

ADDRESS: 1518 E Fort Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42317

100-001

CERTIFICATE OF DEATH

E 42317

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Castle ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Andrew Marshall

(a) RESIDENCE NO. 208 N Castle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Joseph Marshall

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Markwood

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs Dorothy Marshall
(Address) 208 N Castle

15 Filed JAN 29 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1929, to 1-29, 1929.

that I last saw him alive on 1-29, 1929

and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Atelectasis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Leavell M. D.

1-29 1929 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 31 1929
20 UNDERTAKER	ADDRESS
Frank Cox & Son	1916 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

1929 E 42318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42318

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 12-14 (WARD)

2-FULL NAME John F. Beatty

(a) RESIDENCE NO. 1722 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/3/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Hugh Beatty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Shilley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Parents. (Address)

15 Filed JAN 29 1929. C. H. Wilson Jones M.D. Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21. 1929. to Jan 29. 1929. that I last saw h live on Jan 29. 1929. and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia, pertussis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of 1-29-29

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M.D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery.	Jan. 31-1929.

20 UNDERTAKER Charles J. Schwab ADDRESS 595 N. Monroe St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42319

CERTIFICATE OF DEATH

90 E 42319

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 929 St Paul St (ST.) (WARD) 11-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Jefferson Manning

(a) RESIDENCE NO. 929 St Paul (ST.) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Garnett McCarty

6 DATE OF BIRTH (month, day, and year) Sept 29 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept of Agriculture

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Town W. Va.

PARENTS:

10 NAME OF FATHER Francis J Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Antonia McCowan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Mary Garnett Manning

(Address) 929 St Paul St

15 Filed JAN 29 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-29.

17 I HEREBY CERTIFY, That I attended deceased from June 26, 19 28, to Jan 27, 19 29.

that I last saw him alive on Jan 27, 19 29.

and that death occurred, on the date stated above, at 12-35 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W A Woody, M. D.

19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charles Town W. Va	June 30th 1929
20 UNDERTAKER Henry T. Perkins & Sons	ADDRESS Orchard & McCulloh

Spec.—1-12-23—M&T—500 Bks.

E 42320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42320

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 2 ST. 4-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henson

(a) RESIDENCE NO. 1713 Madison Ave St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	wed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Eleanora Henson

6 DATE OF BIRTH (month, day, and year) Sept 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41/39	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 10 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER James Henson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Jane Hamilton

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant
(Address) BALTIMORE CITY HOSPITALS

15 FILED JAN 30 1929 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1929

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 1928, to 1-26, 1929, that I last saw h[illegible] alive on 1-26, 1929, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Chr. myocarditis.

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency
Lues. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H M Finch, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	Jan 30 1929
20 UNDERTAKER Thomas F Kennedy	ADDRESS 578 W Baltimore

How to fill out this certificate. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 42321

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 W Henrietta ST. 24-33 WARD)

2-FULL NAME John Wesley White

(a) RESIDENCE NO. 425 W Henrietta ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie White

6 DATE OF BIRTH (month, day, and year) ——— 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Yard

(b) General nature of industry, business, or establishment in which employed (or employer) Business Retail

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

PARENTS

10 NAME OF FATHER Asbury White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Maryland

12 MAIDEN NAME OF MOTHER Rosetta Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Maryland

14 Informant Mamie White
(Address) 425 W Henrietta

Filed JAN 30 1929 G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1929, to 1/26, 1929.

that I last saw him alive on 1/26, 1929.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Apoplexy

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine +++

(Signed) David Grandin, M. D.

1/28 1929 (Address) 1727 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem.	Jan 30 1929

20 UNDERTAKER John H. Bradmiller ADDRESS 1027 Gay St

TION is very imprtant. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42322

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 Camel - ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Williams

(a) RESIDENCE NO. 502. Camel ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 1/2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Williams

6 DATE OF BIRTH (month, day, and year) Feb 14 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82 33		10	17 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Co

(c) Name of employer Davis Co

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Benjamin Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Irene Smith friend

Address 502 Camel St.

Filed JAN 30 1929 19 Per C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 27 - 1929, that I last saw him alive on Jan 26 - 1929, and that death occurred, on the date stated above, at 8 a - m.

The CAUSE OF DEATH* was as follows:

Acut Indegration

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Obstinate Constipation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical

(Signed) Samuel A Bain M. D.

19 (Address) 931 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Cem. DATE OF BURIAL Jan 30, 1929

UNDERTAKER John N. Tradum ADDRESS 1027 Round Hill

ATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-001 E 42323

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1466 Woodall ST. (WARD))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Smith

(a) RESIDENCE NO. 1466 Woodall ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Smith

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Felber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Cath. Schreiber

(Address) 1466 Woodall St.

FEB 3 1929 Filed [illegible] Jan [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929. to Jan 28, 1929.

that I last saw her alive on Jan 28, 1929

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletau M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Jan 31 1929
20 UNDERTAKER	ADDRESS
Jos. F. Merrason	156 N. Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42324

CERTIFICATE OF DEATH.

101-901

E 42324

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1232 Frankleintown Rd (ST.) 46-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Martin

(a) RESIDENCE NO. 1232 Frankleintown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Martin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
About 80	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Hanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary A. Martin

Address 1232 Frankleintown Rd

15 Filed 1-29-1929 C. HARRY JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 29, 1929, that I last saw h alive on Jan 29, 1929, and that death occurred, on the date stated above, at 10.10A m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis — Arterio Sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 290 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/1 1929

20 UNDERTAKER H. W. Mears & Son

ADDRESS 2511 N. Calvert St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42325 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 E. 29th St. 9-46 (Ward)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice M. Whitler

(a) RESIDENCE NO. 629 E. 29th St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John W. Whitler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Pauline Faith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant (Address) John W. Whitler 629 E. 29th St.

Filed 1929 HARRISON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 19th 1929 to Jan 27th 1929

that I last saw h alive on Jan 27th 1929

and that death occurred, on the date stated above, at 11.20 P.M.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Stoltzner, M. D.

Jan 27 1929 (Address) 527 S. Eaton St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Cemetery, Dundalk, Md. DATE OF BURIAL 1/30 1929

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1938 E. Lafayette Ave.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 902 E 42326

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Streicher ST. 16-27 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Taylor

(a) RESIDENCE NO. 1220 (Usual place of abode) Streicher ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Charlie Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) King William, Va.

12 MAIDEN NAME OF MOTHER Mabel Beatrice Streicher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King William, Va.

14 Informant Mabel Beatrice Streicher (Address) 1220 Streicher St.

15 Filed C. HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to 19..., that I last saw him alive on Jan. 29, 1929 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Uterus - uterine conjugation

1 min. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Abnormal presentation at birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. Alexander Hovey M. D.

. 19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Jan 30 1929

20 UNDERTAKER James E. Lightfoot ADDRESS 1604 Mary

Spec.—2-29-28—L. F. S.—500 Bks.

E 42327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42327

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Calhoun ST., 14-25 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Wells

(a) RESIDENCE NO. 120 S Calhoun ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm G. Wells

6 DATE OF BIRTH (month, day, and year) Sept 24th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	66	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER John Peter Mohr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Gerber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Tom Brooks

(Address) 17 S Calhoun

15 Filed 1929 C. HARRISON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1929 to Jan 28 1929

that I last saw h er alive on Jan 26th 1929

and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) yrs. mos. 14 hours ds.

CONTRIBUTORY (Secondary) Fatty Degeneration of Heart

Arteriosclerosis (duration) some yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Marshall G. Smith, M. D.

1-29. 1929 (Address) Arnold Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 31 1929

20 UNDERTAKER Robert Brookesson ADDRESS Calhoun & Hollins Sts

Spec.—6-9-19—H. P. Co.—1000 Bks.

RUMNEY

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42328

CERTIFICATE OF DEATH.

E 42328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 W. Lombard St. 19-26 WARD)

2-FULL NAME Charles W. Rumney

(a) RESIDENCE. No. 1312 W. Lombard ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) Feb 7. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	11 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Margaret Rumney

(Address) 1312 W Lombard St

15 Filed 19

By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12 . 1929. to Jan 28 . 1929.

that I last saw h im alive on Jan. 27 . 1929.

and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Cardio - Renal disease

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) W. S. Burnett, M. D.

, 19 (Address) 1312 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	1/30 29
20 UNDERTAKER	ADDRESS
Robert Brookbank Son	Calhoun Hilton

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Joseph V. Davis

E 42329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 42329

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Green Hope St., 4-7 Ward)

2-FULL NAME Joseph V. Davis

(a) RESIDENCE NO. Car Barn Ave Annapolis Rd St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2, 1871

7 AGE: Years 38; Months; Days 27; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron worker

(b) General nature of industry, business, or establishment in which employed (or employer): 079

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: J. V. Davis

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Laura Davis

(Address) Car. Barn. Av.

15 Filed 19 By C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull, caused by fall from Scaffolding while working at Bank Court (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) from Fall (duration) yrs. mos. ds.

1/30 (Signed) W. F. Daly M. D.

, 19 29 (Coroner) (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lexington Mkt. Date of Burial Jan 31 1929

20 UNDERTAKER: George J. Smith ADDRESS 1032 Hollins

C 01929

Properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rec.—2-29-28—L. F. S.—500 Bks.

E 42330

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 42330

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E. Federal ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amanda T. Pottgiesser

(a) RESIDENCE NO. 1221 E. Federal ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. 6 mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

a If married, widowed, or divorced (or) WIFE of Charles Pottgiesser

6 DATE OF BIRTH (month, day, and year) July 28 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Swedzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Harry J. Pottgiesser

(Address) 1221 E. Federal St.

15 JAN 30 1929 HARRISON BROS., Pa. Dr.

Per ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/28/20 19 to 1/28/29 19, that I last saw her alive on 1/28/29 19, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) J. H. W. Redden M. D.

1/29/29 19 (Address) 321 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	February 1 1929
20 UNDERTAKER	ADDRESS
Henry Hoeck Sons, Inc.	1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 42331 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Aves ST. 27-53 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Detter

(a) RESIDENCE NO. 5227 Cuthbert Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Detter

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Engineer

(c) Name of employer Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert J Detter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katie Daily

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robert Detter

(Address) 5227 Cuthbert Ave

15 Filed NOV 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1929, to Jan 28th, 1929.

that I last saw him alive on Jan 28th, 1929

and that death occurred, on the date stated above, at 9 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (Streptococci) - Secondary Anemia, Acute Diffuse Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Erysipelas (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At his home.

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Laboratory Physical Examination

(Signed) Nicholas DeBonville, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Jan 31 1929

20 UNDERTAKER W M R Coulson

ADDRESS 2238 N Arch

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42332

CERTIFICATE OF DEATH.

Brown 100-202 E 42332

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 S Bethel St., 3-4 Ward)

2-FULL NAME Paul Braus

(a) RESIDENCE NO. 233 S Bethel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	21 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore MD

PARENTS

10 NAME OF FATHER Asher Braus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Golda Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Golden Braus

(Address) 233 S Bethel St

15 Filed_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Bronchitis

(Duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Blades M. D.

(Corner)

19 (Address) 1436 Braus

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashbury Lawn Date of Burial Jan 30 1929

20 UNDERTAKER Theodore Pfeltz ADDRESS 115 W Lafayette

If DEATH in plain terms, so that it may be very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified,

Spec.—1-10-21—M&T—1500 Blks.

E 42333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 42333

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 E Pratt St., 3-4 WARD)

2-FULL NAME Wm E. Roled Jr.

(a) RESIDENCE NO. 1608 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Isabelle Roled

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	appx 58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Crab Market

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm E. Roled

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Leroy Roled son (Address) 1608 E Pratt St

15 JAN 30 1929 Per C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 28, 1929, that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 10 20 Am.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

1/c General Anasarca.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

1/29 1929 (Address) 429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Auburn Cem Jan 31 1929

20 UNDERTAKER — ADDRESS

Theodore White 113 N Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 42334

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 N. Luzerne Ave ST., 7-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frantiska Taborska

(a) RESIDENCE NO. 845 N. LUZENRE AVENUE ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Taborsky

6 DATE OF BIRTH (month, day, and year) May 11, 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER — Sibal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Marie Outh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Jaroslav K. Cibas

(Address) 845 N. Luzerne Ave

15 Filed JAN 30 1929, 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1929, to Jan. 30, 1929

that I last saw h. alive on Jan. 29, 1929

and that death occurred, on the date stated above, at 1:16 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) / yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs

(Signed) Vincent K. Jostes, M. D.

19 (Address) 845 N. Luzerne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Feb. 2 1929

20 UNDERTAKER August Pasek — ADDRESS 2406 Ashland Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42335

E 42335

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W. 23 St ST. 12 WARD)

2-FULL NAME Ester Carter

(a) RESIDENCE NO 114 W. 23 ST., 12 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fr.	C	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Carter

6 DATE OF BIRTH (month, day, and year) Sept 3, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24 25	4	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Isaac Atkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Laura Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Abner Atkins
(Address) 114 W. 23 St Balto

15 Filed ..... 192 ..... Registrar

301929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Thos J Romano M. D.
(Coroner)
1/27, 192 9 (Address) 1602 Rolandon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood, S. C.

DATE OF BURIAL Feb 1, 1929

20 UNDERTAKER Mrs Kate R. Williams & Schroeder

ADDRESS 222

Spec.—1-10-21 M&T 1500 Bks.

E 42336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 42336

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1734 S. Charles ST. 23-32 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Charles Smith

(a) RESIDENCE No. 1734 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1915

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
13	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Phillip J. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Kate Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Kate Smith

(Address) 1734 S. Charles St.

15 Filed JAN 30 1929 C. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 28, 1929,

that I last saw h alive on Jan 28, 1929,

and that death occurred, on the date stated above, at 0 7. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. S. Campbell M. D.

1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 31st 1929

20 UNDERTAKER Leo G. Cook ADDRESS 1723 Pattk Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42337

CERTIFICATE OF DEATH. x 168

E 42337

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Polo, M.D.

(a) RESIDENCE NO. 19 Stuyvesant Ave., Brooklyn N.Y. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11/1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	25	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Andrea Polo

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria L. Grosso

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Wm. J. Cotter

(Address) 19 Stuyvesant Ave Brooklyn

15 [illegible] C. Harris Jones M.D.

Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 29/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation- Hung himself with bath robe cord to iron Bars of window.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary) Mental Depression at Hopkins since August 11/28 mos. ds.

(Signed) J. Cotter M. D.

(Coroner)

1/30/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. Date of Burial 1/30 1929

20 UNDERTAKER Bryce A Judy Funeral Home ADDRESS

JAN 30 1929

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

John W. Irwin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42338

CERTIFICATE OF DEATH

129 E 42338

(REGISTERED NO.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (Number) Balto City Hosp (Street) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Irwin

(a) RESIDENCE NO. 2203 Guilford Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Irwin

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Humphrey Irwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address) Hospital Record

15 Filed JAN 30 1929 19 C. HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/29

17 I HEREBY CERTIFY, That I attended deceased from 1/24 19 29 to 1/28 19 29

that I last saw h alive on 1/28 19 29

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Chr. Nephritis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Find

(Signed) E. M. Slack, M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 1/31 19 29

20 UNDERTAKER J. M. Cook

ADDRESS 1217 E Pratt St

Spec.—1-10-21—M&T—1500 Blks.

22175 E 42339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37-001

REGISTERED NO. E 42339

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Peters

(a) RESIDENCE No. 242 S. Carlin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/1/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Frank Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa —

12 MAIDEN NAME OF MOTHER Mary Wyns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Reads — (Address) JOHNS HOPKINS HOSPITAL

Filed JAN 30 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1929 to Jan 22 1929.

that I last saw him alive on Jan 22 1929.

and that death occurred, on the date stated above, at 3 30 pm.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

acute (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes.

(Signed) James A Miller M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 30 1929

Commissioner Health.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42340

E 42340

1-PLACE OF DEATH: CITY OF BALTIMORE. (No.) 1023 Stockton St. (WARD) 16-23

REGISTERED NO. 16201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Virginia Wright

(a) RESIDENCE NO. 1023 Stockton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 21, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) 1023 Stockton

PARENTS

10 NAME OF FATHER Harvey Wright.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Steubensville Ohio

12 MAIDEN NAME OF MOTHER Mrs. Julia Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Covington Va

14 Informant Mrs. Julia Wright

(Address) 1209 Presstman St

15 Filed JAN 30 1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 30, 1929, that I last saw h alive on Jan 29, 1929, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature Foetus 7½ Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright. M. D.

Jan 30, 1929 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

JAN 30 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42341

CERTIFICATE OF DEATH.

90 E 42341

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3429 Chestnut Ave., St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. Florence Wills

(a) RESIDENCE NO. 635 Deepdene Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry J. Wills

6 DATE OF BIRTH (month, day, and year) January 6, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	-	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER George Alban

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Morrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14

Informant Harry J. Wills

(Address) 635 Deepdene Road

JAN 30 1929 19 H. A. JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1929. 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Disease

Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/29. 1929 (Address) 3522 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial Jan 31 19 29

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42342

1—PLACE OF DEATH Maryland General Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Madison & Howard ST. 27-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel H. Grosser

(a) RESIDENCE NO. 1802 Thornbury Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha B. Grosser

6 DATE OF BIRTH (month, day, and year) Dec 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Executive

(b) General nature of industry, business, or establishment in which employed (or employer) Oliver Bros

(c) Name of employer New York

9 BIRTHPLACE (city or town) (State or country) New York N.Y.

PARENTS

10 NAME OF FATHER Thomas W Grosser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md Carolina

12 MAIDEN NAME OF MOTHER Mary Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Md. Gen'l Hospital

(Address) Balto Md

15 Filed JAN 30 1929 HARRY JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Jan 30, 1929, that I last saw him alive on Jan 30, 1929, and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Cardiac cachexia

Stricture urethra

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute suppression of urine

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) I. Kriegelmeister M. D.

Jan 30 1929 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation Loudon Park	Jan 31/29
UNDERTAKER	ADDRESS
W S Marshall	3539 Ed Rd

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42343

CERTIFICATE OF DEATH.

E 42343

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 Keystone Ave ST. 23-51 WARD

2-FULL NAME Harry D. Keefer

(a) RESIDENCE No. 3604 Keystone Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lizzie E. Keefer

6 DATE OF BIRTH (month, day, and year) May 18 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Pa. Ry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Keefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Brightwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Lizzie E. Keefer
(Address) 3604 Keystone Ave

15 Filed JAN 30 1929, 19 H. BRYAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Jan. 29, 1929, that I last saw h[illegible] alive on Jan. 28, 1929 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, Acute Hypostatic

(duration) 1 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs

(Signed) H. Marshall, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery Hyattsville DATE OF BURIAL Feb 1 19 29

UNDERTAKER H. S. Marshall ADDRESS 4037 Falls Rd

Spec.—2-29-28—L. F. S.—500 Bks.

E 42344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42344

1—PLACE OF DEATH Union Memorial Hospital. 25-081 V

REGISTERED NO. 16-27

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Krauss Jr.

(a) RESIDENCE NO. 1717 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 4th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ DND

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Krauss Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Miss Grace Klift

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mother

(Address) 1717 Harlem Ave.

15 Filed JAN 30 1929 [illegible], M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1929, to Jan 29th, 1929,

that I last saw him alive on 1/29/29, 1929

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia bilateral
associated ? Chicken pox.

(duration) yrs. mos. 12 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W K Stewart Wheeler M. D.

1/29, 1929 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 1 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 42345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓ E 42345

1—PLACE OF DEATH

REGISTERED NO. 90-69

CITY OF BALTIMORE: (No. 2135 W. Baltimore ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Herman Mohr

(a) RESIDENCE NO. 2135 W. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Mohr

6 DATE OF BIRTH (month, day, and year) March 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 130

(c) Name of employer

9 BIRTHPLACE (city or town) Harpers Ferry
(State or country) West Virginia

PARENTS

10 NAME OF FATHER John Mohr

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Uhert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Miss Helen C. Mohr
(Address) 2135 W. Baltimore St.

15 Filed ..... 19.... Registrar

NOV 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1929 to Jan 28 1929

that I last saw h... alive on Jan 28 1929

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Charles Reifsnider, M. D.

1/29, 1929 (Address) 2105 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan. 31 1929

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42346

CERTIFICATE OF DEATH

E 42346

1—PLACE OF DEATH Provident Hospital

REGISTERED NO. 14-70

CITY OF BALTIMORE: (No. 1415 Division ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Dickerson

(a) RESIDENCE NO. 1937 Forrest Hill ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arlington Dickerson

6 DATE OF BIRTH (month, day and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Officer in Hotel

(b) General nature of industry, business, or establishment in which employed (or employer) 826

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Dickerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eda Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Arlington Dickerson
(Address) 1934 Druid Hill Ave

15 Filed 30 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 28, 1929.

that I last saw h[illegible] alive on Jan 28 1929

and that death occurred, on the date stated above, at 2.05 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gluten & Xray

(Signed) J. E. Gaines, M. D.

1-28, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	1-31-29

20 UNDERTAKER Samuel Stevens by WB Bell ADDRESS 57

Spec.—1-10-21—M&T—1500 Blks.

E 42347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 42347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Martin F. Fuhr

(a) RESIDENCE No. Frederick Junction WARD Md -

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Uncertain.

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'Hara

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Joseph Fuhr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Sarah Quirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Reads -

(Address)

15 Filed JAN 30 1929 HARRY JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 3d, 1928, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hyper trophy (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md.

DATE OF BURIAL: 2/1 1929

20 UNDERTAKER: Samuel T. Henley

ADDRESS 578 W Biddle st

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42348

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 42348

REGISTERED NO.

City of BALTIMORE: (No. 616 N. Monroe 16-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. F. Prince.

(a) RESIDENCE NO. 815 Appleton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella V. Prince

6 DATE OF BIRTH (month, day, and year) June 26 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. C. Prince

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Grumbine

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Md.

14 Informant Jos. F. Prince (Address) 657 W. Franklin

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) T. B. Lauck, M. D. (Coroner)

Jan 28 1929 (Address) North Ave & Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va. Date of Burial Jan. 31, 1929

20 UNDERTAKER Harry A. Wiltse ADDRESS 1531 N. Lombard St.

Do not write above this line. Information must be typewritten or written with pen and ink, and must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154-003

E 42349

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Charles Soth

(a) RESIDENCE NO. 11 Freeway ST. Dundalk WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence Soth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Shellhammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14

Informant Lawrence Soth

(Address) 11 Freeway Dundalk Md.

15

Filed JAN 30 1929 C. HALSEY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/29.

17

I HEREBY CERTIFY, That I attended deceased from 1/11/29, to 1/30/29

that I last saw h[illegible] alive on 1/30/29

and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Spina bifida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsburg, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa

DATE OF BURIAL Jan 30 1929

20 UNDERTAKER Harry A Witzke

ADDRESS 531 N. Gilmor St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42350

CERTIFICATE OF DEATH

E 42350

1—PLACE OF DEATH

REGISTERED NO. 10-50

CITY OF BALTIMORE: (No. Sydenham Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carolyn Moore

(a) RESIDENCE NO. 235 E. 25th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 9 mos. 12 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 17, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Lewis Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mame Swift

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lewis Moore
(Address) 235 E. 25th St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929 to Jan 29, 1929 that I last saw h[er] alive on Jan 29, 1929 and that death occurred, on the date stated above, at 6[45] p m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Nasal, tonsillar & pharyngeal

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 235 E. 25th St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Croft Irby, M. D.

1-30, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park cemetery	Jan 31, 1929
20 UNDERTAKER	ADDRESS
E. LeRoy Diffle	1326 E North ave

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 42351 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Arlington Ave., Govans St. 21-47 Ward)

Registered No. E 42351

2-FULL NAME Ballard R. Smith,

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 709 Arlington Ave., Govans St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie C. Smith

6-DATE OF BIRTH (month, day and year): Nov. 4, 1863

7-AGE: 65 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: John B. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Maud M. Rousie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14- (Informant): Ballard P. Smith, (Address): 2307 E. Lafayette

15- Filed, 192 Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): January 28, 19

17. I HEREBY CERTIFY, That I attended deceased from October 22, 19 24 to January 28, 19 29 that I last saw h[illegible] alive on January 28, 19 29 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

acute nephritis (acute exacerbation of chronic nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiovascular renal disease renal

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clin. & lab. findings

(Signed) Ballard R. Smith M. D

19 (Address) 1202 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 31, 1929

20-UNDERTAKER: E. Leroy Stiffler

ADDRESS: 125 E. North Ave

E. LeRoy Stiffler

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42352

74-001

E 42352

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 338 Fletcher av. St. 12-50 Ward)

2-FULL NAME John J. Keating

(a) RESIDENCE NO. 338 Fletcher av St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Keating

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE — Years: 68 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 06

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: John P. Keating

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Dinan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mary Sullivan

(Address) 338 Fletcher av

15 Filed JAN 30 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 28, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Patrick F. Green, M. D.

1.29.1929 (Address) 120 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 31 1929

20 UNDERTAKER: Howard K McCann — ADDRESS: Hampden Md

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42353

CERTIFICATE OF DEATH

101-001

E 42353

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Johnson

(a) RESIDENCE NO. 1007 Pelham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md, C

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va C

12 MAIDEN NAME OF MOTHER Alice Madden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va C

14 Informant

(Address) Mrs. Ida Edwards

15 Filed JAN 30 1929 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/29

17 I HEREBY CERTIFY, That I attended deceased from 9/10, 19 28, to 1/27, 19 29, that I last saw h[illegible] alive on 1/27, 19 29 and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory (duration) yrs. mos. ds.

(Secondary) Pneumonia, Lobar

Duration 3 days, mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10/1/28

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum Exam

(Signed) R. H. Yoder, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL 1-30 1929

20 UNDERTAKER Dan'l Foster ADDRESS 916 Cathedral

Spec.—2-29-28—L. F. S.—500 Blks.

E 42354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74001 L

E 42354

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Saratoga ST., 4-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daisy Turner

(a) RESIDENCE NO. 727 Saratoga ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Turner

6 DATE OF BIRTH (month, day, and year) Aug 16 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Poindexter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nancy Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Turner

(Address) 727 Saratoga St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28 29

17

I HEREBY CERTIFY, That I attended deceased from January 17 1929 to January 28 1929

that I last saw her alive on January 27 1929

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam.

(Signed) Dorothy Hayes M. D.

1929 (Address) 1118 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-30 1929
20 UNDERTAKER	ADDRESS
David A Eaton	64 Cem

Spec.—1-12-25—M&T—500 Bks.

Bernard Williams ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42355 — CERTIFICATE OF DEATH. — E 42355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 11-24 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Williams

(a) RESIDENCE NO. 1025 McCulloh st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler 07

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Myra Perkins

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Hospital Records
(Address)

15 Filed JAN 30 1929 Keith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1929, to Jan. 28, 1929,

that I last saw h alive on Jan. 28, 1929

and that death occurred, on the date stated above, at 9:10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry C. Smith, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-30 1929

20 UNDERTAKER David Carter

ADDRESS 716 Lemmon

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 146 E 42356

E 42356

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-4 Ward)

2-FULL NAME Erna B. Kleckner

(a) RESIDENCE NO. Homberg Ave nr Deep creek, Balto Ward Co.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Kleckner

6 DATE OF BIRTH (month, day, and year) Oct 20/1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joe Stewart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Nellie G. Lacy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Phila. Pa.

14 Informant Daniel Kleckner
(Address) Balto. Co. Md.

15 Filed JAN 30 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis (probably pneumococc

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Influenza 12 days before
(over)
(duration) .....yrs. .....mos. .....ds.

(Signed) Jos. H. Prince M. D.
(Coroner)

1/30/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Feb 2nd 1929

20 UNDERTAKER Geo. H. Fink & Son ADDRESS 811 N Wolfe

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42357

CERTIFICATE OF DEATH.

X 31-001 ✓ E 42357

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Jane Lynch

(a) RESIDENCE NO. Wise Aye. Dundalk& md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec26/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	1 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Co.Md.

PARENTS

10 NAME OF FATHER Wm. W. Lynch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Grace Ensor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co., Md.

14 Informant Father

(Address) Balto. Co., Md.

15 Filed JAN 30 1929 E. Libby Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Jan 30-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purelent Meningitis (Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. K. Oram M. D.
(Coroner)

1/30/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery Date of Burial Jan 30 1929

20 UNDERTAKER Tyson & Sheehan ADDRESS 2011 Bd

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42358

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E 42358

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. St. Agnes Hospital St. 18-26 Ward)

2-FULL NAME George Jamieson

(a) RESIDENCE NO. 422 N. Fremont St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mc Knowne

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 78 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Archibald Jamison

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Dickey

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: C. E. Jamison

(Address): 2530 Loch Raven

Filed: AUG 30 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas. [illegible] (Coroner) [illegible] M. D.

1/29, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial: Feb. 1, 1929

20 UNDERTAKER: Geo. W. Little — ADDRESS 2700 Edmondson Ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 42359 E 42359

1—PLACE OF DEATH

REGISTERED NO. 16-67

CITY OF BALTIMORE: (No.) 2925 Winchester ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lizzie E. Eckhart,

(a) RESIDENCE NO. 2925 Winchester ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm. B. Eckhart,

6 DATE OF BIRTH (month, day, and year) April 26. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Glen Rock
(State or country) York Co. Penna.

PARENTS

10 NAME OF FATHER John W. Hartman,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary A. Smith,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Wm B. Eckhart
(Address) 2925 Winchester St

15 Filed JAN 30 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1928, to Jany 29, 1929, that I last saw h~~er~~ alive on Jany 28, 1929 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) 8 yrs. 11 mos. 28 ds.

CONTRIBUTORY (Secondary) ?ardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo A Lauder, M. D.

1/30. 1929 (Address) 1517 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauder Park

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42360

CERTIFICATE OF DEATH

90

E 42360

1—PLACE OF DEATH

REGISTERED NO. 12-49

CITY OF BALTIMORE: (No. 14 E. Wendover Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Virginia Jones

(a) RESIDENCE NO 14 E Wendover Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred T. Jones

6 DATE OF BIRTH (month, day, and year) April 14 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hugh Frazier Parker

11 BIRTHPLACE OF FATHER (city or town) London (State or country) England

12 MAIDEN NAME OF MOTHER Maria Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant A. T. Jones Jr

(Address) 918 Wellington Rd Balto Co

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/29

17 I HEREBY CERTIFY, That I attended deceased from 1/10/29, 19..., to 1/29/29, 1929.

that I last saw her alive on 1/29/29, 1929

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Ch Valv Endocarditis

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Josephine Burk, M. D.

1/29 1929 (Address) 100 S. Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 31 1929

20 UNDERTAKER Chas. S. Black — ADDRESS 742 W. South ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42361

CERTIFICATE OF DEATH.

159-201

E 42361

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. 10-15 WARD)

2-FULL NAME Catherine Eliz. Chaney.

(a) RESIDENCE No. 1004 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1928

7 AGE: Years 6 Months 6 Days 18

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Curnod Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Stork

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jackson Miss

14 Informant: Curnod Chaney

(Address) 1004 Fremont Ave

15 Filed JAN 31 1929 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1929, to Jan. 30, 1929, that I last saw her alive on Jan. 30, 1929, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Congenital valvular defficency

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. C. Hamerma, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 1-31 19 29

20 UNDERTAKER: W M Cook

ADDRESS 1217 E Lanvale

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Thelkins 2 of E 29th St

E 42362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42362

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Jefferson ST. 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James L. Helm

(a) RESIDENCE NO. 2516 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella L Helm

6 DATE OF BIRTH (month, day, and year) June 19, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James L Helm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emaline Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Ella L Helm

(Address) 2516 Jefferson St

15 Filed JAN 31 1929, 19.. C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Jan 29, 1929

that I last saw him alive on Jan 25, 1929

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis, Hypertension and Chronic Bronchitis

CONTRIBUTORY (Secondary) Exhaustion (duration) 5 yrs. mos. ds.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical and Clinical

(Signed) Leo L. Pettus, M. D.

, 19 (Address) 224 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 2/1 1929

20 UNDERTAKER J. M. Cook — ADDRESS 2117 E Oriol St

Cor.—10-10-29—A Co.—100 Bks.

E 42363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 42363

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 17-25 Ward)

2-FULL NAME William Forward

(a) RESIDENCE NO. 638 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Forward

6 DATE OF BIRTH (month, day, and year) Feb 8 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Forward

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Bull

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Jerome E. Hatfield
(Address) 1410 Calvin Ave

15 Filed JAN 31 1929 HARRISON JONES Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of nose.
Lacerated scalp.
Fell down step at home

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 638 W. Franklin St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D.

1/30, 1929. (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 1/31 1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Be sure to write in plain letters so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42364

CERTIFICATE OF DEATH.

44

E 42364

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 E Lifton ave ST., 15-67 WARD)

2-FULL NAME Dudley Hyde

(a) RESIDENCE NO. 2923 Clifton ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antoinette M. Hyde

6 DATE OF BIRTH (month, day, and year) Jan 12, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no special occupation

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jas. W. Hyde

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margt. Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant wife (Address) 2923 Clifton ave.

15 Filed JAN 31 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1929

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to Jan. 30, 1929, that I last saw h alive on Jan 27, 1929, and that death occurred, on the date stated above, at 2.20 a. m.

The CAUSE OF DEATH* was as follows:

Cystic carcinoma

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. E. Chenoweth, M. D.

Jan. 30, 1929 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Quaker Burial Ground

DATE OF BURIAL 2/1/29

20 UNDERTAKER H. M. Cook

ADDRESS 127 E. Saratoga St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90 E 42365

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 345 (St.) Scott (Ward) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward E Marshall

(a) RESIDENCE NO. Glenburnie Md St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F Marshall

6 DATE OF BIRTH (month, day, and year) Nov 10 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	56	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Army Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Royal Oak Talbot Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Mary F Marshall Glenburnie Md

15 Filed 1 31 1929 19 C. HARRISON JONES, M. D. Registrar

Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 29 1929 to Jany 30 1929 that I last saw h alive on Jany 30 1929 and that death occurred, on the date stated above, at 6 50 A m

The CAUSE OF DEATH* was as follows:

Chronic Adhesive Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Edema

(duration) hrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Sheridan M. D.

1/30 1929 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Louden Park Cemetery

DATE OF BURIAL Feb 2 1929

20 UNDERTAKER John F. Denny

ADDRESS 7 S Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42366

CERTIFICATE OF DEATH

40 E 42366

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Fleet ST. 3-d WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard F Mech

(a) RESIDENCE NO. 1534 Fleet ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12-1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER John Mech

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Hattie M Forbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

14 Informant John Mech
(Address) 1534 Fleet St

15 Filed JAN 31 1929 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1-29 19.. to Jan 29-29 19..

that I last saw him alive on Jan 29-29 19

and that death occurred, on the date stated above, at 8 55 p m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. I. Herrman, M. D.

(Address) Jan 30 19 29 2913 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery — DATE OF BURIAL Feb 1 1929

20 UNDERTAKER George W. Zinkan — ADDRESS 737 E Eager St

Spec.—2-29-28—L. P. S.—500 Blks.

E 42367 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 42367

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1120 S. East ave ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Schmidt

(a) RESIDENCE NO. 1120 S. East ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis F. Schmidt

6 DATE OF BIRTH (month, day, and year) Oct. 1-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Henry W. Buddemeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Summas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Louis F. Schmidt

(Address) 1120 S. East ave

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1929, to Jan 30, 1929, that I last saw h[illegible] alive on Jan 30, 1929 and that death occurred, on the date stated above, at 8 45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) T. Joseph Tenney, M. D.

, 19 (Address) 900 N. Ethelbert ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL Feb 3 1929

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager

Spec.—1-12-23—M&T—500 Bks.

E 42368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-08

E 42368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Mulberry St. 14-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl J. Settle

(a) RESIDENCE No. 1415 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	One		235	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Moses Settle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Moses Settle

(Address) 1415 W. Mulberry

Filed JAN 31 1929 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Jan 30, 1929.

That I last saw him alive on Jan 29, 1929

and that death occurred, on the date stated above, at 1.30 A m

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry T. Brown, M. D.

(Address) 916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Gilboa Cemetery Howard Co Md

DATE OF BURIAL: Jan 31, 1929

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Preastman St

Spec.—2-29-28—L. F. S.—500 Blks.

E 42369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 109-002 E 42369

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 1207 Walnut Ave 28-66 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert Clarence Wacker

(a) RESIDENCE NO. 1207 Walnut Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 24 1886

7 AGE — Years: 42 — Months: 5 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Store, 045

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self Baltimore Md.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Herrman Wacker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Louise M. Diemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Charles C. Wacker

(Address) 1207 Walnut ave

Filed JAN 31 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov, 19 28, to Jan 29, 19 29

that I last saw h alive on Jan 28, 19 29

and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Abscess in Lung

(duration) since Nov - 1928 yrs. mos. ds.

CONTRIBUTORY (Secondary): —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) P. K. Jamable, M. D.

1-29, 19 29 (Address) 111 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Feb 1 19 29

20 UNDERTAKER: Wm J Tickner Sons

ADDRESS: North Ave

Spec.–7-17-26—A Co.—200 Bks.

E 42370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 42370

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1403 Fairmount Ave St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Stewart

(a) RESIDENCE NO. 1403 Fairmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Partman Stewart

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	49 yr	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER George Forman

11 BIRTHPLACE OF FATHER (City or town) Baltimore,

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Lurie Freeman

13 BIRTHPLACE OF MOTHER (city or town) Not Known

(State or country)

14 Informant James Vaughn

(Address) 1018 E Saratoga St.

15 Filed NOV 1929 19 Per HAMILTON JONES H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 / 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 30, 1929

that I last saw her alive on Jan 29, 1929

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. L. Eschinger M. D.

. 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Jan. 31 19 29

Date of Burial

20 UNDERTAKER Chas. H. Schumann ADDRESS 446 N. Carlton St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42371

CERTIFICATE OF DEATH.

74-006

E 42371

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 633 Dolphin St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Robinson

(a) RESIDENCE NO. 633 Dolphin St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Flossie Robinson

6 DATE OF BIRTH (month, day, and year): May 19-1879

7 AGE — Years: 49 — Months: 8 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto md

(State or country)

PARENTS

10 NAME OF FATHER: Christopher Robinson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Estella Dixon

(Address): 764 W Saratoga

15 Filed ..... 19..... Registrar

Date .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) F. E. Link M. D.

(Coroner) (Address) 19 Jan 28 1929 with Dr. Dunn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem Date of Burial: Jan 31 1929

20 UNDERTAKER: John H Owens ADDRESS: 538 Dolphin St

Jan 31 1929

Use typewriter or pen and ink. Be sure that every item is properly answered. Each item is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42372

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42372

CERTIFICATE OF DEATH

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. Flula Rd. W. Herring Run ST. 26-38 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ada Roles

(a) RESIDENCE NO. Flula Rd W. Herring Run ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Roles

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER Charles Watters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ella Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Charles H Roles
(Address) 213 South Durham st

15 Filed JAN 31 1929, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 29, 1929, that I last saw her alive on 1/26/29, 19..... and that death occurred on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death? Did not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr did not See Coroner

(Signed) C J Carroll, M. D.

, 19 (Address) 1740 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashbury cemetery	Feb 1 1929
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans st

Spec.—1-12-23—M&T—500 Bks.

E 42373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42373

CERTIFICATE OF DEATH.

REGISTERED NO. 70

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Holland

(a) RESIDENCE NO. 1626 E. Hoffman ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 7½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/20/1912

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	16	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Phillip Redmond

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Pearl Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lucretia Redmond

Address BALTIMORE CITY HOSPITALS

Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1929

17 I HEREBY CERTIFY, That I attended deceased from 9-24, 1927, to 1-28, 1929, that I last saw him alive on 1-28, 1929, and that death occurred, on the date stated above, at 705 P. m.

The CAUSE OF DEATH* was as follows:

Post Encephalitic Syndrome

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. W. Stuart M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	1/31/29 19

20 UNDERTAKER George J. Ruth

ADDRESS 1930 Hoffman

Spec.—1-10-21—M&T—1500 Bks.

E 42374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42374

CERTIFICATE OF DEATH.

X98

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Mrs Lida Greenberg

(a) RESIDENCE NO. Brooklyn New York ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. 7 How long in U. S., if of foreign birth? 16 yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Greenberg

6 DATE OF BIRTH (month, day, and year) March 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	23	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Charles Chermisk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Chermisk

(Address) 4510 5th Ave Brooklyn N.Y.

15 Filed JAN 31 1929, 19 HARRY JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 19 29, to Jan 31, 19 29, that I last saw h[illegible] alive on Jan 31, 19 29, and that death occurred, on the date stated above, at 12.10 p.m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Stenosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? While visitor in Baltimore

Did an operation precede death? Yes Date of Tracheotomy Jan 27, 1929

Was there an autopsy?

What test confirmed diagnosis? Culture

(Signed) Samuel J. Hunter, M. D.

1/31, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City DATE OF BURIAL 1/31 1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

BAUMGARTNER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42375

CERTIFICATE OF DEATH.

90 E 42375

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Baumgartner

(a) RESIDENCE No. 717 N. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise

6 DATE OF BIRTH (month, day, and year): Aug 21 1878

7 AGE: Years 50 51 Months 5 Days 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacture 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Hlount Baumgartner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Alsace France

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Wife

(Address) C. Harry Jones M.D.

15 Filed JAN 31 1929 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/29 1929

17

I HEREBY CERTIFY, That I attended deceased from 12/11 . 19 28 . to 1/29 . 19 29.

that I last saw h[illegible] alive on 1/29 . 19 29.

and that death occurred, on the date stated above, at 10:A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs 1 mos 17 ds.

CONTRIBUTORY (Secondary): Endocarditis.

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms.

(Signed) A. A. Stone, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathral — DATE OF BURIAL: Feb 1 1929

20 UNDERTAKER: M. W. & Deppe Inc — ADDRESS: 328 Ann

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Krause
20 East Preston

E 42376 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ~ E 42376

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 7012 Harford Rd ST. 27-43 (WARD)) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Brown

(a) RESIDENCE NO. 7012 Harford Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
IHUSBAND of
(or) WIFE of Charles Brown

6 DATE OF BIRTH (month, day, and year) Oct 2-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) New York

PARENTS

10 NAME OF FATHER Spray Colson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Milburn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

14 Informant Frederick Brown
(Address) 7012 Harford Road

15 Filed ... 19... C. Hilleary Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 28, 1929, that I last saw h[illegible] alive on Jan 26, 1929 and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -
myocarditis.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia -

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Louis Krause, M. D.

, 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Jan. 31 1929
20 UNDERTAKER William Cook	ADDRESS 1717 St Paul

Spec.—2-29-28—L. F. S.—500 Blks.

E 42377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 42377

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1055 W Fayette ST. 16-16 WARD)

2—FULL NAME Lula Moore

(a) RESIDENCE NO. 1055 W Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Color	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Moore

6 DATE OF BIRTH (month, day, and year) May 16, 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 Yrs	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Charlotte
(State or country) N. C

PARENTS

10 NAME OF FATHER Henry Andrews

11 BIRTHPLACE OF FATHER (city or town) Charlotte
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Hattie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant Ella Moore

(Address) 1055 W Fayette.

15 Filed , 19 C. BARRY JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Jan 29, 1929, that I last saw h alive on Jan 27, 19 29 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Later Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

Jan 30, 19 29 (Address) 937 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlotte, N. C.

DATE OF BURIAL: Jan 31, 1929

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 328 E Lafayette

Cor.—12-9-25—A Co.—200 Bks.

E 42378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42378

CERTIFICATE OF DEATH.

70

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 Lohro Lane St. 20-70 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Walters

(a) RESIDENCE NO. 19 Lohro Lane St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab — 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Saml Walters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lillian Johnson

(Address) 6 Hanover [illegible] Md

15 Filed AUG 1929 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis, Caused by Gun Shot in Face, about 24 hrs ago (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas O Brown M. D. (Coroner) 1/29, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL N. Western Star Cemetery Date of Burial Feb 1, 1929

20 UNDERTAKER Mrs. Estella R. Williams ADDRESS 32 N Schroeder St

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

E 42379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42379

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5253 St Charles ave S. 71-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Anna Anderson

(a) RESIDENCE NO. 5253 St. Charles ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S. Merryman Anderson

6 DATE OF BIRTH (month, day, and year): July 24-1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah A. Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Hugh Anderson

(Address) 5253 St Charles ave

15 Filed 31 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-29-1929

17 I HEREBY CERTIFY, That I attended deceased from about 2 yrs. 19 , 19 ,

that I last saw her alive on 1-29 , 19 29 ,

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arterial degeneration

(duration) 3-4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Rowell, M. D.

1-31, 1929 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 1 1929

20 UNDERTAKER: Harry W. Ellen

ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42380 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-031

E 42380

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1820

CITY OF BALTIMORE: (No. University Hospital ST. OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Henry Bubert

(a) RESIDENCE NO. 2012 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 4 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	m

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch M Lightner

6 DATE OF BIRTH (month, day, and year) Sept 17-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John D. Bubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Catherine Temple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Karl M Bubert

(Address) 512 Wilmslow Road

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-29

17

I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to 1-30, 1929

that I last saw h... alive on 1-30, 1929

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Sauskaitis, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feby 1 1929
20 UNDERTAKER	ADDRESS
Harry W. Ehlen	1910 E. Monument

Cor.—12-9-26—A Co.—200 Bks.

E 42381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 42381

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Argyle Ave. 17-4 Ward)

2-FULL NAME Aubrey M. Otho

(a) RESIDENCE NO. 914 Argyle Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Otho

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Robt Otho.

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Maggie Hart

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Florence Otho

(Address) 914 Argyle Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Jan 28 19 29 (Address) North Ave & Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn	1/31 1929
20 UNDERTAKER Daniel D Hensley	ADDRESS 578 N Bridle

N 1 1929

Be sure DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42382 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 42382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 E 33rd St., 9th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Lillian Angel

(a) RESIDENCE NO. 702 E 33rd ST. WARD 9th

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Howard Angel

6 DATE OF BIRTH (month, day, and year) Aug 6 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Colston Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Callmn

12 MAIDEN NAME OF MOTHER Margaret Ann Heffernon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Joseph Angel 702 E 33rd St.

15 Filed ..... 19 HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1923, to Jan 29, 1929, that I last saw h[er] alive on Jan 29, 1929 and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1518 Homestead.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

1/31, 1929 (Signed) Fred J Krieger, M. D. (Address) 2700 Harford Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Feb 2 1929

20 UNDERTAKER Geo. J. Roth — ADDRESS 1735 Harford

Spec.—1-10-21—M&T—1500 Bks.

E 42383

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 42383

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Kenwood Ave ST., 7 WARD)

2-FULL NAME Charles J. Kimmerle.

(a) RESIDENCE NO. 537 N. Kenwood ST., 7 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Kimmerle

6 DATE OF BIRTH (month, day, and year) Oct. 15th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	40	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Penna R.R.

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ferdinand Kimmerle

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Liebert

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Mary E. Kimmerle (Wife)
(Address) 537 N. Kenwood Ave

15 Filed Jan 31 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27th, 1929, to Jan. 29th, 1929, that I last saw him alive on Jan. 28, 1929, and that death occurred, on the date stated above, at 12 59 a. m.

The CAUSE OF DEATH* was as follows:

Basilinal Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

1930 1929 (Address) 1216 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Feb. 1st 1929

20 UNDERTAKER Lilly + Geiser Inc ADDRESS 1033 Hoyd St

TION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

E 42384

22262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42384

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 26-1 WARD) REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Stautenmaier

(a) RESIDENCE NO. 919 S. Bouldin ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/4/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6 18	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Andrew Stautenmaier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrows Point Md

14 Informant Parents

(Address)

15 Filed JAN 31 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 30, 1929, that I last saw h alive on Jan 30, 1929, and that death occurred, on the date stated above, at 5 40 p. m.

The CAUSE OF DEATH* was as follows:

pneumonia, lobular

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James A Miller M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery DATE OF BURIAL Feb 2 1929

20 UNDERTAKER Lilly & Gilbert Inc. ADDRESS 1008 N. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42385

CERTIFICATE OF DEATH.

161-001

161 E 42385

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-61 WARD)

2-FULL NAME Baby Girl Cohen

(a) RESIDENCE NO. 2811 N Norfolk Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1929

7 AGE Years Months Days IF LESS than 1 day, hrs. min.

Six hrs. Estimated

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Reba Taiba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address)

Filed JAN 31 1929 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Jan 29, 1929.

That I ~~last saw her alive~~ on Jan 29, 1929, and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo. Wolach M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

FEB 1 - 1929

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42386

CERTIFICATE OF DEATH

11-001

E 42386

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Overhill Road ST. 17-49 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lloyd Rogers Stork

(a) RESIDENCE NO. 12 Overhill Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 5 mos 24 ds. How long in U. S., if foreign birth? 17 yrs. 5 mos 24 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug-5-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-boy at

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City Colleges

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John W. Stork

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise R. McIntire

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant John W. Stork (Father)

(Address) 12 Overhill Road

15 Filed ..... 19 ..... Registrar

JAN 31 1929 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 29, to Jan 24, 19 29, that I last saw h. alive on Jan 24, 19 29 and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(durstion) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Chisholm, M. D.

Jan 24 1929 (Address) 11 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 1 1929.
20 UNDERTAKER Edward Monen Co	ADDRESS Balto

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42387

CERTIFICATE OF DEATH

129

E 42387

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5302 Reisterstown Rd (ST.) (WARD) 22455

2—FULL NAME Griffith Fuelemeyer

(a) RESIDENCE (Usual place of abode) No. 5302 Reisterstown Rd ST. WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Agent - Fire Ins Co.

(b) General nature of industry, business, or establishment in which employed (or employer): 071

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Fuelemeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Clarinda Barbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Clara Fitch

(Address) 5302 Reisterstown Rd

15 Filed JAN 31 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1929

17 I HEREBY CERTIFY That I attended deceased from Jan 26, 1929, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929 and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Arterio - sclerosis

Chr Interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Physical.

(Signed) Milton P. Hall, M. D.

19 (Address) Wylie and Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Feb 1 1929

20 UNDERTAKER John O. Mitchell and Son ADDRESS 1900 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

E 42388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 42388

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-20 WARD)

2-FULL NAME William E. Thurston

(a) RESIDENCE No. 1800 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie S. Thurston

6 DATE OF BIRTH (month, day, and year) Aug 20 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Peter Thurston

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Eleanor Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records

(Address)

15 Filed JAN 31 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1929, to Jan 30, 1929

that I last saw h[illegible] alive on Jan 30, 1929

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder (Urinary) (duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. H. Smith, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro N C DATE OF BURIAL Jan 31 1929

20 UNDERTAKER John O Mitchell and Son ADDRESS 1900 Eutaw Pl

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42389

REGISTERED NO. E 42389

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: City of Baltimore: (No.) 1114 Watson St., 3-5 Ward

2-FULL NAME James Whittington

(a) RESIDENCE NO. 1114 Watson St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed JAN 31 1929

Registrar

3204

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 23 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? / Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed ....., M. D.

19 (Address) 1430 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND THE MORGUE

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 42390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42390
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. City Hospital St., 26-37 Ward)

2-FULL NAME Charles Gaddell

(a) RESIDENCE NO. Not known St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Black	not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant
(Address)

15 Filed ..... 19.....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Epilepsy.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed) [illegible] M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

1929 3205 [illegible] Registrar

Be sure properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
Dept. Vital Statistics
JAN 31 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42391

CERTIFICATE OF DEATH

129 E 42391

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Marluth & Glenarm Aves., Rasp[illegible] ST.) (26th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Susanna Geipe

(a) RESIDENCE NO. Marluth & Glenarm Aves., Raspeburg ST., 26th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Aaron Schaefer Geipe

6 DATE OF BIRTH (month, day, and year) March 24, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alfred H. Tully

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Bachelor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mr. A. S. Geipe
(Address) Marluth & Glenarm Ave.,

15 Filed JAN 31 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 19 29, to Jan. 29, 19 29, that I last saw her alive on Jan. 29, 19 29 and that death occurred, on the date stated above, at 4:03P. m.

The CAUSE OF DEATH* was as follows:

Chronic myo-carditis

(duration) 10-20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (duration) 10-20-yrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1/30, 19 29 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 1 19 29

20 UNDERTAKER Henry Lutz

ADDRESS 1203 Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42392

CERTIFICATE OF DEATH

129 E 42392

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 N. Gay ST., 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia R Boston

(a) RESIDENCE NO. 1426 N Gay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Charles Boston

6 DATE OF BIRTH (month, day, and year) Feb 5-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jesse L Holliday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Ida James

(Address) 1426 N Gay st

15 Filed JAN 31 1929 HARRY JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30-29

17 I HEREBY CERTIFY, That I attended deceased from 1-14 1929 to 1-30 1929

that I last saw h alive on 1-30 1929

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTOR (Secondary) Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

1/31 1929 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 2 1929

20 UNDERTAKER Henry Lutz ADDRESS 1203 Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42393

CERTIFICATE OF DEATH

90

E 42393

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 W. Fayette ST. 18-76 WARD)

2—FULL NAME Abbie L. Fitzhugh

(a) RESIDENCE NO. 1212 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fitzhugh, Sr.

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Athol

(State or country) Massachusetts

PARENTS

10 NAME OF FATHER L. Neal

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Elizabeth

(State or country) New Jersey

14

Informant Mr. Charles Fitzhugh, Jr.

(Address) 1212 W. Fayette St.

15

Filed FEB 1 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 19 29, to Jan 29, 19 29

that I last saw her alive on Jan 29, 19 29

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis

Contributory (Secondary) Acute Cardiac Dilitation

Pneumonia Edema (duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Not Date of

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) Harry Kaufman, M. D.

1929 (Address) 743 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Western Cemetery

DATE OF BURIAL

Feb. 1 19 29

20 UNDERTAKER

[illegible]

ADDRESS

1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 42394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 ✓ E 42394

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 19-25 WARD)

2—FULL NAME Marcella ~~Rodoo~~ Roeder

(a) RESIDENCE NO. 1504 McHenry St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 7-1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment In which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER William C. ~~Roder~~ Roeder

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Miss Irene ~~Lucas~~ Ireland

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. William C. Roeder

(Address) 1504 McHenry St. Baltimore

15 Filed JAN 31 1929, 19 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 29, to Jan 30, 19 29, that I last saw h CF alive on " ", 19 29 and that death occurred, on the date stated above, at 4:55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

approximately

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray.

(Signed) J. D. Semple, M. D.

1/30, 19 29 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan 31st 19 29

20 UNDERTAKER Geo. B. Cook

ADDRESS 1003 West Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42395

CERTIFICATE OF DEATH.

90 E 42395

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1103 N. Carrollton Ave. St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lethia Chase

(a) RESIDENCE NO. 1103 N. Carrollton Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: 91 Years 96 Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Adam Jackson Jr

(State or country) Md

PARENTS

10 NAME OF FATHER Adam Jackson

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Annie Mahonie

(Address) 1103 N. Carrollton Ave

15 Filed FEB 1 1929 19 [illegible] Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Long yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) F. C. Lucke, M. D. (Coroner)

Jan 29th 1929 (Address) North Ave & Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 2/1 1929.

20 UNDERTAKER Edw Foulon ADDRESS 2357 Eutaw

Mtn

If DEATH in part unknown, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42396

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Bond ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JULIA RAUM

(a) RESIDENCE NO. 610 S. Bond ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Simon Raum

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Mrs. Joseph H. Itzel (Neice)
(Address) 764 E. 36th Street.

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 '29 to Jan 30 '29, that I last saw h[illegible] alive on Jan 29 '29, and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos Jules, M. D.

Jan 30 '29 (Address) 2938 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Feb. 1. 1929
20 UNDERTAKER Henry Sander & Sons. Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

Cor.—12-9-25—A Co.—200 Bks.

E 42397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E 42397

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. President St Hosp St 13-59 (Ward)

2-FULL NAME Mabel Shearn

(a) RESIDENCE NO. 2416 Madison Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Shearn

6 DATE OF BIRTH (month, day, and year): May 15 1896

7 AGE — Years: 32 — Months: 8 — Days: 13 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0/0

9 BIRTHPLACE (city or town): N. J.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: John Shearn

(Address): 2416 Madison Ave

Filed FEB 1 - 1929 C. HARRISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol wound of heart (Suicide)

CONTRIBUTORY (Secondary) ..... (duration) .....yrs. .....mos. .....ds.

(Signed) H. G. Smith M. D.

(Coroner) (Address) 1000 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 2416 Madison Ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: 2/ 1929

20 UNDERTAKER: Bauman-Bauman ADDRESS 578 N Bridge

IF DEATH IN PLACE OTHER THAN RESIDENCE, GIVE LENGTH OF TIME DECEASED HAD LIVED IN THIS CITY, TOWN OR COUNTY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42398

CERTIFICATE OF DEATH.

143-003

E 42398

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 16-26 Ward)

2-FULL NAME Lillian Grimes Wheeler

(a) RESIDENCE NO. 615 N. Carrollton Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Wheeler

6 DATE OF BIRTH (month, day, and year) May 30/1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER ------- Grimes

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Lillian -----

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Mary Sheppard

(Address) 1627 Division St.

15 Filed Jan 1 1929 19____ C. RAMSAY JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis- 7 wks pregnancy

(Pernicious Vomiting)

(Autopsy)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Mollison, M. D.

(Coroner)

1/30/29 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment — Date of Burial 2/1 1929

20 UNDERTAKER Samuel D. Hemsley — ADDRESS 578 N. Bond

Be sure to print clearly, so that it may be read. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

James Cornish

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42399 ~~E 42399~~

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 12-51 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cornish

(a) RESIDENCE NO. 316 W. 28th st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Cornish

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	20		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bootblack

(b) General nature of industry, business, or establishment in which employed (or employer) 076

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER William Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eleanor Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland ?

14 Informant Hospital Records (Address)

15 Filed JAN 31 1929 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1929, to Jan. 30, 1929.

that I last saw h alive on Jan. 30, 1929

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) Henry C Smith M. D.

1-30-29, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	2/1 1929
20 UNDERTAKER Samuel T Kennedy	ADDRESS 548 N Bridge

Spec.—1-12-23—M&T—500 Bks.

E 42400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42400

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2713 Whitmarsh ST. (WARD) 27-55

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora L. Dempster

(a) RESIDENCE No. 2713 Whitney Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Dr. Harold V. Dempster

6 DATE OF BIRTH (month, day, and year) Feb. 2 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

PARENTS

10 NAME OF FATHER Albert F. Lenzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ellen Manning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

14 Informant The Peter V. Dempster

(Address) 2713 Whitney Ave

15 Filed 1929 By C. HARRY B. JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Jan 30, 1929.

that I last saw h alive on Jan 30, 1929

and that death occurred, on the date stated above, at 7.00 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri
(Squamous Cell Type)
about (duration) 4 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? yes Date of Aug - 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Exam

(Signed) Edward A Smith, M. D.

Jan 30, 1929 (Address) 920 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairway Va DATE OF BURIAL Feb 2 1929

20 UNDERTAKER W B Marshall ADDRESS 3513 Hall Pl

Spec.—1-12-23—M&T—500 Bks.

E 42401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42401

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E Biddle ST. 8-13 WARD)

2-FULL NAME Wally de Poitiers.

(a) RESIDENCE NO. 2007 Mura ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Gustave de Poitiers

6 DATE OF BIRTH (month, day, and year) Jan 14th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER ? Shy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustave de Poitiers

(Address) 2206 Mura St

15 Filed Jan 31 1929, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 31, 1929, that I last saw her alive on Jan 31, 1929, and that death occurred, on the date stated above, at 4.25 a m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Paralysis

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) G. F. Preu, M. D.

31 Jan 1929 (Address) 1301 N Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 4th 1929

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 E Monument St

THIS IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42402

100-001

E 42402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3524 Sixth (ST.) Brooklyn (WARD) 25-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Phelps

(a) RESIDENCE NO. 3524 Sixth ST., 15 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard H Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Severn Md

12 MAIDEN NAME OF MOTHER Susie Henkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Richard H Phelps

(Address) 3524 Sixth St.

15 Filed ..... 19 C. HAMPSON JONES M.D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 26 1928 to Jan 30 1929.

that I last saw h[illegible] alive on Jan 29 1929

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Otitis Media

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign Symptoms

(Signed) J E Peterman M. D.

19 (Address) 1128 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetary

DATE OF BURIAL Feb 1 1929

UNDERTAKER John F Denny

ADDRESS 765 Light St

TION is very important. See instructions on back of certificates.

BT - 1929

Spec.—1-12-23—M&T—500 Blks.

E 42403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Clarkson ST., 23-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Schubring

(a) RESIDENCE NO. 1619 Clarkson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Godfried Schubring

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14

Informant Barbara Gadd

(Address) 1619 Clarkson St.

15 Filed 1-31 1929 C. HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1929

17

I HEREBY CERTIFY, That I attended deceased from July, 1928, to Jan 29, 1929

that I last saw h alive on Jan 29, 1929

and that death occurred, on the date stated above, at 7.25 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Contributory Inanition (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Lamdee, M. D.

1/31, 1929 (Address) 644 Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb 2 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Light

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42404

E 42404

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 Springdale ave ST. 15-61 WARD)

2-FULL NAME Thomas E. Shurr

(a) RESIDENCE NO. 3409 Springdale Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Denny

6 DATE OF BIRTH (month, day, and year): July 3-1845

7 AGE — Years: 83 | Months: 6 | Days: 7 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chesterville Ohio

PARENTS

10 NAME OF FATHER: John Shurr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Evelina McKeehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Mrs. Elizabeth D. Fritchey

(Address) 3409 Springdale Ave

15 Filed ..... 1929 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-31- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27- 1929 to Jan. 31- 1929

that I last saw h alive on Jan. 31- 1929

and that death occurred, on the date stated above, at 3.05 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Nephritis

(Primary) (duration) yrs mos 3 ds

CONTRIBUTORY (Secondary): Arterio-sclerosis

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Abnormal urine

(Signed) W. H. Pauli M. D.

2-7-29 19 (Address) 1300 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bellefontaine, Ohio

DATE OF BURIAL: 2/1/29 19

20 UNDERTAKER: Mowreau & Son

ADDRESS: 805 N. Calvert St

MRS. E.W. FRITCHEY - ESCORT - Via. B & O. R. R

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42405

CERTIFICATE OF DEATH

44 E 42405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 N. Appleton St. ST. 15 WARD)

2—FULL NAME Meyer Rosenberg

(a) RESIDENCE NO. 1802 N. Appleton St. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freida Rosenberg

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 840

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Freida Rosenberg

(Address) 1802 N. Appleton St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19 28, to Jan 31st 19 29, that I last saw h— alive on Jan 30/29 and that death occurred, on the date stated above, at 11:48 a m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(Eye, Stomach, Intestines, Genital Organs)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 6 yrs ago

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam. + Autopsy

(Signed) A. J. Ries, M. D.

Jan 31st 1929 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehrer Rosedale — DATE OF BURIAL 2/1 1929

20 UNDERTAKER Jack Lewis — ADDRESS 439 E Balt St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42406 | E 42406

CERTIFICATE OF DEATH

10-00

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital WARD) 16-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Horwitz

(a) RESIDENCE NO. 2436 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School - Student

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Myer Horwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Fannie Kaplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Fannie Horwitz

(Address) 2436 E. Baltimore St

15 Filed 1-2 1929 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Jan 31, 1929, that I last saw h[illegible] alive on Jan 31, 1929 and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 2436 E. Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Coley M. D.

1-1, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holem Rosedale

DATE OF BURIAL 2/1 1929

20 UNDERTAKER Jack Lewis 1439 Eutaw

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 42407 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 42407

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 93-59

CITY OF BALTIMORE: (No. 3406 Woodbrook ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Rapperport

(a) RESIDENCE NO. 3406 Woodbrook ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Rapperport

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Hochberg

(Address) 3406 Woodbrook Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/29

17

I HEREBY CERTIFY, That I attended deceased from January 1, 1929, to Jan 31st, 1929, that I last saw ... alive on ... and that death occurred, on the date stated above, at 1:30 a.m. 19

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(doration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kader, M. D.

, 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 2/1 19 29

20 UNDERTAKER Jack Levin 1439 E Balto St

ADDRESS

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42408 — CERTIFICATE OF DEATH — 74-001 E 42408

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2541 Fait ave. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wojciech Zimnoch

(a) RESIDENCE NO. 2541 Fait ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Stefana Zimnoch

6 DATE OF BIRTH (month, day, and year) April 15-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Zimnoch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Antonina Borowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Stefana Zimnoch

(Address) 2541 Fait ave.

15 Filed FEB 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31. 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Jan 31, 1929, that I last saw h~~im~~ alive on Jan 31, 1929 and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ~~mos.~~ 3 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. unknown

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Januszewski M. D.

1/31, 1929 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Feb 4 1929
20 UNDERTAKER	ADDRESS
George A. Weber	705 S Ann St

Cor.—12-9-25—A Co.—200 Bks.

E 42409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103

E 42409

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Sherman

(a) RESIDENCE NO. 16 E 24th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Accenia Sherman

6 DATE OF BIRTH (month, day, and year) Nov 9th 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelem

(c) Name of employer Steel Company

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Sherman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Ida Joyce

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frederick Md

14 Informant Mrs A Frambton

(Address) Essex Maryland

15 Filed 1929 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Jury, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows:

Fractured skull
Auto accident
accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Lyle Hoffman M. D.
(Coroner)

1/31, 1929 (Address) 1932 Rolandave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Oak nr Rear 25 St Pl

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemtery	2/ 1929
20 UNDERTAKER	ADDRESS
William Cook	1217 St Paul

If the following questions are not fully answered, the certificate may be returned for completion. Every question is important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42410

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4606 Eldorado Av ST. Hamilton (Add.)

2—FULL NAME Henry Loose

(a) RESIDENCE NO. 4656 Eldorado Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6 DATE OF BIRTH (month, day, and year) Sept 14

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Loos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Blacken Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Wm C. Murphy

(Address) 202 N. 29th St.

15 Filed ....., 19.....

C. HARRISON JONES, M. D. Registrar

1-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 29 to Jan 31, 19 29 that I last saw h alive on Jan 30, 19 29 and that death occurred, on the date stated above, at 1-20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Rt Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 8 W. Mt. Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Feb 2 1929

20 UNDERTAKER Wm Cole ADDRESS 1217 St Paul St

E 42411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3131 Guilford Ave (ST.) (WARD)

2—FULL NAME William J Gill

(a) RESIDENCE NO. 3131 Guilford Ave (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M Gill

6 DATE OF BIRTH (month, day, and year) Nov 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William J Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Matilda E Whittaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs M Gill

(Address) 3131 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 1929, to Jan 30 1929, that I last saw h[illegible] alive on Jan 30 1929 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 15 ds.

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Yungstrom M. D.

1/30/1929 (Address) 40 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenslager

DATE OF BURIAL 2/2 1929

20 UNDERTAKER [illegible]

ADDRESS 1212 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 42412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001 E 42412

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronoubced dead at St. Joseph Hospital St., 9-17 Ward)

2-FULL NAME James F. Hall

(a) RESIDENCE NO. 1422 E. Preston St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 11/c yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hall

6 DATE OF BIRTH (month, day, and year) January 12/1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Md. Ship Building Co

9 BIRTHPLACE (city or town)_____

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. G. Hall

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Wife

(Address) 1422 E. Preston St

15 Filed_____, 19_____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation

(Detached gas hose from gas range Accidental) (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)_____ (duration) .....yrs. .....mos. .....ds.

(Signed) J. F. Cotton (Coroner) M. D.

2/1/29 19 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County Date of Burial 2/5 1929

20 UNDERTAKER William Cook ADDRESS 1217 St Paul

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Cause of death in plain terms, so that it may be properly

Spec.—2-29-28—L. F. S.—500 Blks.

E 42413 HEALTH DEPARTMENT—CITY OF BALTIMORE 10-001 E 42413

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital D-4 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Winifred Gilley —

(a) RESIDENCE NO. 1921 E. Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(h) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George J. Gilley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Baer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Gilley

(Address) 1921 E. Lombard St

Filed [illegible] 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929 to Jan 31, 1929

that I last saw h[illegible] alive on Jan 31, 1929

and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1921 E. Lombard St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Ghiz M. D.

2-1, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 1, 1929
20 UNDERTAKER	ADDRESS
Wm. H. E. Hupfel	3211 Harford

Spec.—1-12-23—M&T—500 Bks.

E 42414 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42414

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3930 Cloverhill Road ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel B. Thompson

(a) RESIDENCE NO. 3930 Cloverhill Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Edward Thompson

6 DATE OF BIRTH (month, day, and year) Dec 5-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkton Md

PARENTS

10 NAME OF FATHER John Wesley Gunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant James Edward Thompson

(Address) 3930 Cloverhill Road

FEB 1 - 1929

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31st 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Jan. 31 1929.

that I last saw her alive on Jan. 31 1929.

and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary.

atlanta (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Yes Date of June 7th 28

Was there an autopsy?

What test confirmed diagnosis? Biopsy & Operation

(Signed) R. C. de Lindo, M. D.

, 19 (Address) 1107 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cem. DATE OF BURIAL Feb 2nd 29

UNDERTAKER Putnam & Cole ADDRESS 1723 W Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42415 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42415

CERTIFICATE OF DEATH

1—PLACE OF DEATH 3023 Windsor Av REGISTERED NO. 15-61

CITY OF BALTIMORE: (No. ~~3023 Windsor~~ ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George H. Donnelly.

(a) RESIDENCE NO. 3023 Windsor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Hook Donnelly

6 DATE OF BIRTH (month, day, and year) 6/7/1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	24 23	

8 OCCUPATION OF DECEASED Commission

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Emmittsburg Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph. Donnelly

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mayfields

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Hagerstown Md

14 Informant Mrs. James. Kelly
(Address) 3023. Windsor Ave

15 Filed 1-1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30-29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25 1928 to Jan 30 1929

that I last saw h im alive on Jan 30 1929

and that death occurred, on the date stated above, at 9.45. P m.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arter Sclerosis & Dementia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Thomas Kelson, M. D.

, 19 (Address) 1001 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/2/1929

20 UNDERTAKER H. Browning Son

ADDRESS 1136 Pulaski Hwy

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42416

38 ✓ E 42416

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1833 E. Eager ST. A-13 (WARD)

2—FULL NAME Percy Williamson

(a) RESIDENCE NO. 1833 E. Eager ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Williamson

6 DATE OF BIRTH (month, day, and year) Jan 15 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Council ec N. C.

PARENTS

10 NAME OF FATHER Simon Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Caroline Bethel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Wm. H. Williamson
(Address) 1833 E. Eager St.

15 Filed ..... 19..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 30 Jan. 29

17 I HEREBY CERTIFY That I attended deceased from 14 Jan. 19 29 to 30 Jan. 19 29, that I last saw h[illegible] alive on [illegible] Jan 19 29, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

about 3 weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) incidental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dalton Ind.

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Wassermann.

(Signed) E. M. Doyle, M. D.

3/1/ 19 29 (Address) 826 N. Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Danville Va.	Feb. 1st 1929
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42417 101-001 E 42417

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1766 Lewellyn Ave ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie Harris

(a) RESIDENCE (No. 1766 Lewellyn Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Harris.

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash D.C.

PARENTS

10 NAME OF FATHER Royal Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Alice Thompson
(Address) Wash D.C.

15 Filed FEB 1 - 1929 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 25. 1929 to Jan 29. 1929.
that I last saw h alive on Jan 29 1929
and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mo 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1-29. 1929 (Address) 608 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbury Cemetery DATE OF BURIAL Feb. 2 29

20 UNDERTAKER Chas. W. Johnson ADDRESS 46 N. Carey

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42418 | CERTIFICATE OF DEATH | E 42418

185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 27-54 Ward)

2-FULL NAME Mitchell Somers

(a) RESIDENCE NO. 4608 Asbury Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Somers

6 DATE OF BIRTH (month, day, and year) Nov 17 - 59

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	69	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ship - carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chas L. Rohde Co 015

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Chas. Somers

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Annie L. Somers
(Address) 4608 Asbury ave

15 Filed FEB 1 1929 C. HARRISON JONES M. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 — 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comminuted fracture of right ilium. Fell from scaffold while at work (duration) mos. 16 ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? C.L. Rohde Shipyard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar Zeller, M. D.

1/31, 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. | DATE OF BURIAL 2/1 1929

20 UNDERTAKER Philip Herwig | ADDRESS 2016 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rls.

22/E 64 42419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-006 E 42419

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 5-9 WARD)

2-FULL NAME Lorenzo Allen

(a) RESIDENCE NO. 1425 E. Preston ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed, or Divorced, (write the~~ word): Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 21 mos | Months: 9 | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wyker Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Jennie Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Parents
(Address)

15 Filed 1 1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 30 1929

17

I HEREBY CERTIFY, That I attended deceased from January 3, 1929, to January 30, 1929, that I last saw h[illegible] alive on January 30, 1929, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Acute otitis media [illegible] Rickets. Empyema

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James A Miller M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Feb - 1929

20 UNDERTAKER: John W Henderson

ADDRESS 1892 Monument

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

2 E 42420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 31 E 42420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Cramer

(a) RESIDENCE NO. 24 Wash. Co. ST. " WARD Pittsburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/18/66

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R.R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Samuel Cramer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Amelia Brott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Records — (Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1928 to Feb 1 1929

that I last saw him alive on Feb 1 1929

and that death occurred, on the date stated above, at 9 00 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Pyelonephritis, acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 12/10/28

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H.C. Smith M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Pittston Pa — DATE OF BURIAL: Feb 1 1929

UNDERTAKER: Thos. G. Black — ADDRESS: 742 W. North Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-001

E 42421

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2207 Westwood ave ST. 15-66 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary P. Clark

(a) RESIDENCE NO. 2207 Westwood ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Clark

6 DATE OF BIRTH (month, day, and year) June 23. 1859

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm. Sharland

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mont Snow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Ernest W. Sharland

(Address) 2207 Westwood ave.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June. 30/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to Jan 30, 1929

that I last saw h alive on Jan 30, 1929

and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Place of death.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms & -

(Signed) J. Thomas Sutton, M. D.

, 19 (Address) 1004 N Luzerne ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Feb. 2, 1929

20 UNDERTAKER Margaret V. Flynn

ADDRESS 142 Wright

Spec.—2-29-28—L. F. S.—500 Blks.

E 42422

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 E 42422

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 405 Folsom ST. 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine A. Fortuna

(a) RESIDENCE NO. 405 Folsom ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George A. Fortuna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lillian Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Ella Bienlein

(Address) 1455 Riverside Ave

15 Filed 1-31-1929 19 C. HARRY JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 29, 1929 to Feb 1, 1929

that I last saw her alive on Jan 31, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis, acute.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. H. Schmuck M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross [redacted]

DATE OF BURIAL Feb 1, 1929

20 UNDERTAKER Margaret E. Flynn

ADDRESS 14 W Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42423

CERTIFICATE OF DEATH.

Morrell Park. 74-001

E 42423 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 Lethia Ave St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Ualf

(a) RESIDENCE NO. 1800 Lethia Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Ualf

6 DATE OF BIRTH (month, day, and year) Jan 18, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Ualf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Catherine A. Ualf

(Address) 1800 Lethia Ave

15 Filed FEB 1 1929 19 Register.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. S. Brindle M. D. (Coroner)

2/1, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial 2/2 1929

20 UNDERTAKER J. Few McCully ADDRESS 130 E. Fort.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42424 — 1-PLACE OF DEATH

90 E 42424 — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hosp St. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Lyn

(a) RESIDENCE NO. Came from 123 South-St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd jobs

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 Feb 7-9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) -

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

, 19 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42425

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

66 E 42425

REGISTERED NO.

City of BALTIMORE: (No. 815 Hanover St. St. 22-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lee.(C)

(a) RESIDENCE NO. 815 Hanover St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S. D.

(Address)

15 Filed 1929 H. HANLEY DAVIS, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/31 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50 1-31-1929 R3200

Cor.—12-9-25—A Co.—200 Bks.

Syr Jan 16. 123. S 80.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42426

CERTIFICATE OF DEATH.

90 Jan 7 E 42426

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. City Jail St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Lester

(a) RESIDENCE NO. 2268. Bethel St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lat. 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Missouri

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Dept

(Address) City Jail Lester-c 210 Druid Hill Ave

15 Filed_____ 19 H. 3216 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

Jan (Signed) Geo. Kelly M. D.

(Coroner)

, 19 29 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
Commissioner Health
FEB 1 1929

Cor.—12-9-25—A Co.—200 Bks.

E 42427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 197 E 42427

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St. 19-27 Ward)

2-FULL NAME Jos. Banks

(a) RESIDENCE NO. St. Mary's Co. Md St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Banks

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) do

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Mamie Banks

(Address) St. Mary's Co

15 Filed..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot. Wound by one unknown

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas. O'Brien M. D.

(Coroner)

1/26 1927 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. 7 ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9

JAN 1 1927

Cor.—12-9-25—A Co.—200 Bks.

E 42428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 E 42428

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at the

City of BALTIMORE: (No. Union Shipyary, Fairfield St. 25-26 Ward)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO. Unknown. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Unknown.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 0.10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Body found January, January 21, 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said

inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Occidental Drowning.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) Albert Simnash M. D.

(Coroner)

1/31 1920 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

PUBLIC CEMETERY

JAN 31 1920

JAN 31 1920

Registrar

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 42429

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Crowe

(a) RESIDENCE NO. 1029 Valley St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 7, 1911

7 AGE: Years 17 Months 8 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James J. Crowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co. Md.

12 MAIDEN NAME OF MOTHER: Mary Collison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs. Mary H. Crowe (Address) 1029 Valley St.

15 Filed 1929 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 31, 1929,

that I last saw him alive on Jan 30, 1929

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis, was operated + Ruptured 3

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lunar Pericarditis

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? 1029 Valley

Did an operation precede death? yes Date of Jan 30/29

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) James M Faulon, M. D.

1/31, 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 2, 1929

20 UNDERTAKER: Elmer W. Confelein — ADDRESS: 924 E. Eager St

FROM BABY important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42430 — REGISTERED NO. — E 42430

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 Maryland Ave ST.) (WARD) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes M Miles

(a) RESIDENCE NO. 2739 Maryland Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of James Miles

6 DATE OF BIRTH (month, day, and year): Dec 9 1848

7 AGE: Years 81 | Months 1 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Daniel Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Jane Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr Chas Miles

(Address) 2739 Maryland Ave

15 Filed FEB 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 19.., to Jan 31, 1929,

that I last saw h alive on Jan 30, 1929

and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis - old metal
mouthpiece gradually increasing
write age

Many
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion, pulmonary
edema

(duration) yrs. mos. 3½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sudden disturbance of heart action

(Signed) Frank R. Smith, M. D.

Feb. 1, 1929 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 2 1929

20 UNDERTAKER: Mary M Winstead — ADDRESS: 501 E 22nd St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42431

CERTIFICATE OF DEATH.

129

E 42431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 Harford Ave ST., 4-16 WARD)

2-FULL NAME George L. Koons.

(a) RESIDENCE NO. 2852 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Koons.

6 DATE OF BIRTH (month, day, and year): Jan. 26 1860

7 AGE — Years: 69 — Months: — — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

PARENTS

10 NAME OF FATHER: James Koons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary E. Koons. (Address): 2852 Harford Ave

15 Filed: 1929 . C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27. 1929. to Jan 31. 1929. that I last saw h[illegible] alive on Jan 31. 1929. and that death occurred, on the date stated above, at 11. A. m. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/3, 1929 (Address) 2852 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: Feb 7 1929.

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

E 42432

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 1829 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Butterworth

(a) RESIDENCE NO. 115 Calander ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer Crain

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Anton Butterworth

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Essut

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Geo W. Butterworth
(Address) 1922 E Fairmount St

15 Filed FEB 1 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1929.

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1929. to January 31, 1929.

that I last saw h.. alive on Jan. 31 1929

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma ? bladder

unable to ascertain

duration (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis. 6 mos

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) L. L. Lumpkin M. D.

2/1, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2-5-1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Pr

Spec.—2-29-28—L. F. S.—500 Bks.

E 42433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 42433

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 9-46 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irving Tubbs

(a) RESIDENCE NO. 2428 Robb St., ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Mary Tubbs. 1885

6 DATE OF BIRTH (month, day, and year): Dec. 14, 1885

7 AGE: Years 43 | Months 1 | Days 16 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Time keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Drydock Co.

(c) Name of employer: " "

9 BIRTHPLACE (city or town) (State or country): Wilmington, Del.

PARENTS

10 NAME OF FATHER: Michael Tubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wilmington Del.

12 MAIDEN NAME OF MOTHER: Catherine Tubbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wilmington Del.

14 Informant: Hospital records.
(Address)

15 Filed 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-31-29

17 I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to 1-31, 1929, that I last saw him alive on 1-31, 1929 and that death occurred, on the date stated above, at 1.20 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (Confirmed)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Cardiac failure.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) [illegible] M. D.

1/31/29 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/4 1929

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Park St

Spec.—2-29-28—L. F. S.—500 Blks.

Buettner 1319 Light St.

E 42434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42434

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1428 Battery Ave ST. 4-33 WARD

2—FULL NAME Mary Frank

(a) RESIDENCE NO. 1428 Battery ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
(or) WIFE of Gottlieb Frank

6 DATE OF BIRTH (month, day, and year) March 19 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Armandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Emery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian Broedl
(Address) 1428 Battery Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 31, 1929, that I last saw her alive on Jan 31, 1929 and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) 0 yrs. 0 mos. 11 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	2/6/29
20 UNDERTAKER William Cook	ADDRESS 1217 St. Paul

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42435

CERTIFICATE OF DEATH.

188 E 42435

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 27-44

2-FULL NAME George T. Rollison.

(a) RESIDENCE NO. 4206 Hillshire St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---mos.--ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, XXXXXXXXXXXXX HUSBAND of (or XXXXXXX) Ursula Rollison.

6 DATE OF BIRTH (month, day, and year) September 15, 1899.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	29	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Empire Engineering Co.

9 BIRTHPLACE (city or town)

(State or country) Rock Hall Md.

PARENTS

10 NAME OF FATHER George T. Rollison.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Laura V. Hubbard.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Ursula Rollison. (wife)

(Address) 4206 Hillshire St.

15 Filed FEB 1 1929 19 Maryland, County, ss. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the chest, internal injuries, Run over by a steam roller. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto C. Reinhardt M. D. (Coroner)

2/1 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? McComas St. Piers. Jany, 31, 1929.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Hall. Kent County Date of Burial Feb 2 1929

20 UNDERTAKER George F. Ruth ADDRESS 1735 Hackerson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42436

CERTIFICATE OF DEATH

E 42436

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Algie King Brittingham

(a) RESIDENCE NO. Non Resident of Baltimore WARD Brooklyn, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 20, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

PARENTS

10 NAME OF FATHER Algie King Brittingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Harriet Brittingham

(Address) 6017 Clear Spring Road

15 Filed Feb 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929 to Jan 31, 1929 that I last saw h.. alive on Jan 31, 1929 and that death occurred, on the date stated above, at 955 p m.

The CAUSE OF DEATH* was as follows:

Congenital valvular heart disease

(duration) yrs. 4 mos. 11 ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Congenital disease) Brooklyn N.Y.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & X ray

(Signed) Addison Craft Libby, M. D.

2-1, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Providence Cem.

DATE OF BURIAL Feb 3rd 1929

20 UNDERTAKER John Burns Son

ADDRESS Towson Md.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42437

CERTIFICATE OF DEATH

90 E 42437

1—PLACE OF DEATH 729 Linnard Ave.

REGISTERED NO. 16-67

CITY OF BALTIMORE: (No. 729 Linnard Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Willie S. Osborne

(a) RESIDENCE NO. 729 Linnard Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	59	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER William S. Osborne

11 BIRTHPLACE OF FATHER (city or town) Port Deposit
(State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Thompson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14
Informant Mr. W. S. Leaverton
(Address) 729 Linnard Ave.

15
Filed ....19.... HASTER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Janu 31/29.

17
I HEREBY CERTIFY, That I attended deceased from
Feb 5 ....19.... to Jan 30 ....19 29.
that I last saw h[illegible] alive on Jan 30 ....19 29
and that death occurred, on the date stated above, at 108 m.
The CAUSE OF DEATH* was as follows:

Uraemia Limes
+ Expansion

CONTRIBUTORY (Secondary) Thyreoidits, Apoplexy
(duration) 1 yrs. 2 mos. 4 ds.
+
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? — 6 mos

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Barnett O Cattlin, M. D.

.19 (Address) 1404 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Abingdon, Harford Co. Md.	Feb. 2, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42438

CERTIFICATE OF DEATH

11-002

E 42438

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Carrollton Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Henry.

(a) RESIDENCE NO. 822 N Carrollton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 1851

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Thomas Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Eliza McAvoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mrs Oscar Williams

(Address) 55 John st S Y

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 30, 1929.

That I last saw h.. alive on Jan 30, 1929

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Culpepper M. D.

, 19 (Address) 3405 Callaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feb 2 1929

20 UNDERTAKER John O Mitchell and Son

ADDRESS 1900 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

22 E 42439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42439

CERTIFICATE OF DEATH.

× 141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Swain

(a) RESIDENCE NO. 1 Bluffton - 8 - ST., Ave - WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 Wks. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H Mosely Swain

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5-6-			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER William Scott Finch

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Adelaide Gilbert

13 BIRTHPLACE OF MOTHER (city or town) Pa -

(State or country)

14 Informant Reeds

(Address)

15 Filed FEB 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 1929 to Feb 1st 1929.

that I last saw her alive on Feb 1st 1929.

and that death occurred, on the date stated above, at 8.10 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pelvic inflammation

(duration) 28 ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? Yes Date of Jan 4, 1929

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Herbert F. Traut M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa

DATE OF BURIAL Feb 2 1929

20 UNDERTAKER John O. Mitchell Son

ADDRESS 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Mary Bell

E 42440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 42440

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST 14-20 WARD)

2-FULL NAME Mary Bell

(a) RESIDENCE NO. 1428 Argyle ave. ST ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 070

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed FEB 2 - 1929 19 C. Howard Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 19 29

17

I HEREBY CERTIFY, That I attended deceased from Dec. 13, 19 28, to Jan. 30, 19 29,

that I last saw h alive on Jan. 30, 19 29,

and that death occurred, on the date stated above, at 6.50 p. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Henry C Smith M. D.

1-31, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Feb 2nd 19 29

20 UNDERTAKER Samuel H Hemsley ADDRESS W Balto

IMPORTANT See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Sarah J. Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 42441

CERTIFICATE OF DEATH.

E 42441

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 5[illegible] Mercy Hosp St. 5[illegible]6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Hill

(a) RESIDENCE NO. 21 Painters Court St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 43 Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0[illegible]0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Jno Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susan Edwards

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant James Hill

(Address) 3[illegible] [illegible]

15 Filed_____, 19____ By_____ Registrar

FEB 2 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Feb 1 1929 (Signed) [illegible] M. D. (Coroner)

, 19____ (Address) 1[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — Date of Burial: Feb 4 1929

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42442

E 42442

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Bydenbos Hospital ST. 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Rosalie Preston

(a) RESIDENCE NO. Non Resident of Baltimore ST. WARD Aberdeen, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
3	4	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Aberdeen, Md
(State or country)

PARENTS

10 NAME OF FATHER Wilbur Preston

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Baker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Edith Preston
(Address) Aberdeen, Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 1, 1929,
that I last saw h[illegible] alive on Feb 1, 1929
and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Aberdeen, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Ehrlich M. D.
2-1, 1929 (Address) Bydenbos Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baker Cem. Aberdeen Md

DATE OF BURIAL Feb 2 1929

20 UNDERTAKER Wm J Tuckner & Son

ADDRESS N. & Pa.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42443

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 St. Johns Rd. Roberts Park 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie Mary Schlegel

(a) RESIDENCE NO. 2744 Guilford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar. 20 1879

7 AGE: Years 49 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Andrew Schlegel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Dettelbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mr. Harry A. Schlegel

(Address): 3205 Beverly Rd

15 Filed 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1922, to Jan 31 1929, that I last saw h[illegible] alive on Jan 31 1929, and that death occurred, on the date stated above, at 11 - A.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension & Chronic Nephritis (duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ?

(Signed) Stephen Rines M. D.

1/31, 19 29 (Address) 1103 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 2 1929

20 UNDERTAKER: Wm. J. McKenney & Sons

ADDRESS: North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 42444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42444

1—PLACE OF DEATH South Side Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Joseph Bentz

(a) RESIDENCE NO. 617 N. Potomac ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Clara Bentz

6 DATE OF BIRTH (month, day, and year) April 20-1898

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	9.	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 032

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John J Bentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berlin Md.

12 MAIDEN NAME OF MOTHER Rutherford

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Clara Bentz

(Address) 617 N. Potomac St

15 Filed FEB 2 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Feb 1, 1929

that I last saw h~~im~~ alive on Jan 31, 1929

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O S Lloyd, M. D.

, 19 (Address) 1737 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Feb 5 1929

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann St

Spec.—1-12-23—M&T—500 Bks.

Henry McNicholas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42445

CERTIFICATE OF DEATH.

31 ✓ E 42445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-11 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry McNicholas

(a) RESIDENCE NO. 3206 E. Baltimore st. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet metal worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 084

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James McNicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant
(Address) Hospital Records

Filed 2-1929 19 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1928, to Jan. 31, 1929,

that I last saw h alive on Jan. 31, 1929,

and that death occurred, on the date stated above, at 4:25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

1-31-29 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Feby 4 19 29

20 UNDERTAKER John F. Cowan & Son

ADDRESS 901 Hollins St.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Edward Gallagher

E 42446

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 42446

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 14-29 WARD)

2—FULL NAME Edward Gallagher

(a) RESIDENCE NO. 1332 Collins st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(a)	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 066

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records

(Address) Baltimore, Md.

2 - 1929 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 5, 29 to Feb. 1, 29,

that I last saw h.. alive on Feb. 1, 19 29,

and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry Smith M. D.

2-1, 19 29 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross R R Co	2-4 19 29
20 UNDERTAKER	ADDRESS
E & T J Hoke	115 E. Lexington St

Spec.—2-29-28—L. F. S.—500 Bks.

E 42447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42447

CERTIFICATE OF DEATH 135

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Bel Rumor Co ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Williams Mark

(a) RESIDENCE NO. 2103 Haywood alley WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: about 58 Years ? Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

Filed FEB 2 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/29

17 I HEREBY CERTIFY, That I attended deceased from 1/28 19 29, to 1/30 19 29, that I last saw h[illegible] alive on 1/30 19 29 and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Right Lung

Contra

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Stark, M. D.

19 (Address) 847 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion ct

DATE OF BURIAL: Feb 4 1929

20 UNDERTAKER: A. F. Brown & Son

ADDRESS: 1 N. Monroe st

Cor.—10-10-29—A Co.—100 Bks.

E 42448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 42448

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 613 S. Grarur St. 22-30 Ward)

2-FULL NAME William Miller

(a) RESIDENCE NO. 613 S. Grarur St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) N. C

PARENTS

10 NAME OF FATHER Samuel Miller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Hannah Way

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant Mary Miller
(Address) 613 S. Grarur St

15 Filed ... 19... Registrar

B2 - 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

2/1, 1929 (Address) 2739 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U.S. National Ct — DATE OF BURIAL Feb 4 1929

20 UNDERTAKER J. L. Brown & Son — ADDRESS Vol. 1 Wmly

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 42449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42449

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 Brewer ST.: 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hazelton

(a) RESIDENCE: NO. 1124 Brewer ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hazelton

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dnt Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dnt Know 2/1 29

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Laura Bennett

(Address) 1403 Penna ave

15 Filed 1829, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Octobe 28, 1928, to Feb. 1, 1929, that I last saw him alive on Feb. 1, 1929, and that death occurred, on the date stated above, at X m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Eutaw Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-4 29

20 UNDERTAKER Daniel Kanos ADDRESS 916 Eutaw ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42450

CERTIFICATE OF DEATH.

129 E 42450

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hosp St. 11-24 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmond Paige

(a) RESIDENCE NO. 864 Tyson at St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Page

6 DATE OF BIRTH (month, day, and year): 1847

7 AGE: Years 82 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Mrs R. E. Brown

(Address) 864 Tyson st

15 Filed.....19 For_____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 1st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Leuch M. D.

Feb 1 1929 (Address) (Coroner) with Dr V Leuch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Point Comfort Va — Date of Burial: 2-2 1929

20 UNDERTAKER: David Easton — ADDRESS 916 Penna ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1929

Spec.—1-12-23—M&T—500 Bks.

E 42451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42451

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Olive ST. 73-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W.Callahan

(a) RESIDENCE NO. 1409 Olive ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May H.Callahan

6 DATE OF BIRTH (month, day, and year) Oct.25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	52	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John T.Callahan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Newton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant May H.Callahan (Wife)

(Address) 1409 Olive St. Baltimore, Md.

B 2 1929

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb.1 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 1, 1929

that I last saw him alive on Feb 1, 1929

and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) M. P. Campbell, M. D.

(Address) 1644 N Amity St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 4 1929
20 UNDERTAKER John H. Denny	ADDRESS 715 Light St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42452

CERTIFICATE OF DEATH.

73

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Homestead St. 9-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Leight

(a) RESIDENCE NO. 629 Homestead ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Emma Leight

6 DATE OF BIRTH (month, day, and year) Apr. 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	72	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lawrence Leight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Mabel L. Hershfeld

(Address) 629 Homestead St.

15 Filed 2-1929, 19 C. Harry Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 19 29

17

I HEREBY CERTIFY, That I attended deceased from about 3 mos, 19..., to Feb. 1, 1929, that I last saw h— alive on Jan 31, 1929 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute ascending paralysis

(duration) about 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gramercy Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cemetery, Waverly	Feb 3 1929
20 UNDERTAKER	ADDRESS
John F. Denny	75 Light St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42453 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 E 42453

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 543 N. Kenwood Ave. ST., 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles C. Freitag

(a) RESIDENCE NO. 543 N. Kenwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Emelie Freitag

6 DATE OF BIRTH (month, day, and year) Nov. 21/1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Business

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Freitag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Zemme

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. E. Emelie Freitag

(Address) 543 N. Kenwood Ave.

Filed 2 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st. 1929

17 I HEREBY CERTIFY, That I attended deceased from 1919 —, 19—, to Jan. 31, 19 29, that I last saw him alive on Jan. 31, 19 29 and that death occurred, on the date stated above, at 3.15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) 3 yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) arthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 17-1926

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Edward Horan, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	2/4/29 19

20 UNDERTAKER Philip Sterig

ADDRESS 2016 Orleans ST

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42454 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-00 E 42454

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. Potomac ST. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm F. Eberle

(a) RESIDENCE NO. 1120 E. Potomac ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6ty yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 30/06

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3 4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) American 009

(c) Name of employer Wholesale Corp.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. Eberle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Kate Bantlove

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Geo. Eberle

(Address) 1120 E. Potomac

15 Filed FEB 2 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/29

17 I HEREBY CERTIFY, that I attended deceased from Jan 20, 1929, to Jan 30, 1929, that I last saw h alive on Jan 30 1929 and that death occurred, on the date stated above, at 12 35 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tillow, M. D.

2/2, 1929 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 2/4/29

20 UNDERTAKER Philip Haug — ADDRESS 2016 Orleans St

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42455

E 42455

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Myers George St. 8-Nb WARD)

2-FULL NAME Bertha Hopewell

(a) RESIDENCE NO. 812 George .ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Hopewell

6 DATE OF BIRTH (month, day, and year) Mar 10 1890

7 AGE — Years: 38 — Months: 10 — Days: 21 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer): Days Work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS
10 NAME OF FATHER: Walter Myers
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland
12 MAIDEN NAME OF MOTHER: Marie James
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: James Hopewell
(Address): 812 George

15 Filed FEB 2 1929 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1929, to Jan 31, 1929, that I last saw h alive on Jan 30, 1929, and that death occurred, on the date stated above, at 3 45 a. m.

The CAUSE OF DEATH* was as follows:
Acute Sabar
Pneumonia
(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) David Crumlin M. D.
2/1, 1929 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery
DATE OF BURIAL: Feb 2 1929
UNDERTAKER: Mrs. Kate R. Williams
ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 42456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42456

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2126 Bank St., 12 Ward)

2-FULL NAME Amelia Helen Rembecks.

(a) RESIDENCE NO. 2126 Bank St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Henry Rembecks

6 DATE OF BIRTH (month, day, and year) Feb. 12th 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) S. Carolina at Charlestown

(State or country)

PARENTS

10 NAME OF FATHER John Olfert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie Schwartz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Charlestown S. Carolina

14 Informant Eugenia L. Rembecks.

(Address) 2126 Bank St.

15 Filed Feb. 2 1929, 19

Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31st 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1929, to Jan. 31, 1929, that I last saw her alive on Jan. 30, 1929, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. D. Libby, M. D.

. 19 (Address) 430 S. Patterson Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Lutheran Cemetery Date of Burial Feb. 4th 1929

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS 403 S. Wood St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42457

90 E 42457

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 W. Lanvale ST. 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dietrich Bode

(a) RESIDENCE NO. 1820 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bode

6 DATE OF BIRTH (month, day, and year): Mar. 18 49

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Saxony

PARENTS

10 NAME OF FATHER: Wm. Bode

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Saxony

14 Informant: Herman Bode

(Address): 1820 W Lanvale

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1928, to Jan 30, 1929, that I last saw him alive on January 30, 1929 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Bronchitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Auscultation

(Signed) J. M. Dieterich, M. D.

Jan 1, 1928 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 2, 1929

20 UNDERTAKER: J. J. Moran — ADDRESS: E Baltimore

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Grempler 522 Seager St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42458

CERTIFICATE OF DEATH

129 E 42458

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Sargeant ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew McDonald

(a) RESIDENCE NO. 1150 Sargeant ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie McDonald

6 DATE OF BIRTH (month, day, and year) May 28. 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O H 7

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie McDonald

(Address) 1150 Sargeant St

15 Filed Jan 31 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Jan 31, 1929, that I last saw h— alive on Jan 29, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b)

(c)

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Anemia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas Grempler, M. D.

2/1, 1929 (Address) 51 John St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL 2/4 1929

20 UNDERTAKER J M Cook — ADDRESS 1215 Druid

Important: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42459 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1430 Light St. 29-33 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John C Meyers

(a) Residence No. 1430 Light St.

(Usual place of abode)

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	M.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/12/86 Ct

7-AGE. 17

42 yrs. 4 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Glass-Cutter

(b) General nature of industry, business, or establishment in which employed (or employer). 086

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John C Meyers.

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Do-Not-Know.

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Mrs Meyers

(Address) 1430 Light St

FEB 2 - 1929

C. HARRY J. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/3/29

17- I HEREBY CERTIFY, That I attended deceased from 1/26/29, 19..., to 1/3, 1929, that I last saw h[im] alive on 1/30, 1929 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell, M. D.

2/1, 1929 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Western Cem	2/2/29 19....
20-UNDERTAKER.	ADDRESS
J J Foley Sons	1318 Light St

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Stock—2-29-28—L. F. S.—500 Bks.

E 42460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42460

CERTIFICATE OF DEATH

74-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Cherry Hill ST., Northport WARD) 25-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Curren

(a) RESIDENCE NO. Cherry Hill Northport WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie J. Curren

6 DATE OF BIRTH (month, day, and year): April 17 1863

7 AGE: Years 65 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shucker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 045

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Michael Curren

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Annie J. Curren

(Address): Cherry Hill Northport

15 Filed FEB 2 - 1929 C. HANDY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Feb 1 1929

that I last saw him alive on Jan 31 1929

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Campbell M. D.

2/1, 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 4 1929
20 UNDERTAKER: Jos Soerdens & Son	ADDRESS: 2178 Pa

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-02 E 42461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Valley St; ST. 10-14 WARD)

2-FULL NAME Ellen Smith

(a) RESIDENCE NO. 1011 Valley St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 4, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carlan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie Brosnan

(Address) 1011 Valley St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Feb. 1, 1929, that I last saw her alive on Jan. 31, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Signs & symptoms

(Signed) Mary F. Vaeglein M. D.

2-1-1929 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 4, 1929

20 UNDERTAKER Elmer W. Conklin ADDRESS 424 E Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42462 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42462

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Madison Ave. (ST.) (WARD) 14-20

2-FULL NAME George Cassin

(a) RESIDENCE NO. 1418 Madison Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Cassin

6 DATE OF BIRTH (month, day, and year) Dont know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Abbeville S.C.

PARENTS

10 NAME OF FATHER Henry Cassin

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Winnie-unknown

13 BIRTHPLACE OF MOTHER (City or Town) (State or country) S. Carolina

14 Informant Elizabeth Johnson
(Address) 1418 Madison Ave.

15 Filed ... 19 ... Registrar

E 42462 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23 1929 to Jan. 31 1929.

that I last saw him alive on Jan. 31 1929

and that death occurred, on the date stated above, at 6:40 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 9 ds

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter C. Jackson, M. D

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 2/2 1929

20 UNDERTAKER Samuel Hensley ADDRESS 1128 Bolton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 42463

E 42463

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Division St. 14-70 WARD)

2-FULL NAME Alexander Brown

(a) RESIDENCE NO. 2220 Division ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sophia Brown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevador

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sophia Brown
(Address) 2220 Division St.

15 Filed FEB 2 1929 19 ... Registrar

C. HARRISON GRIFFITH, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1929 to Jan 30th 1929.

That I last saw h[illegible] alive on Jan 30th 1929.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Cardiac Dyspnea.
& Nephritis.

(duration) yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Geo. H. Lanigan Jr. M. D.

1-30, 1929 (Address) 2218 N. Monroe.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 2/2 1929

20 UNDERTAKER Samuel P. Hensley — ADDRESS 2 Bell Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42464

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74 of E 42464

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. St. Joseph Gospital St. 23-31 Ward)

2-FULL NAME Annie Jones

(a) RESIDENCE NO. 929 S. Sharp St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Sam'l. T. Hemsley Undertaker

(Address) 578 W. Biddle St

15 Filed_____ 19____ C. HARRISON JONES, M.D.

Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193 Jan 30/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (left side paralysis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cain M. D.

(Coroner)

2/2/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 2/5 19

20 UNDERTAKER Samuel T Hemsley ADDRESS 578 W Biddle

FEB 2 1929

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42465

100-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. St. Joseph's Hospital 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Haupt

(a) RESIDENCE NO. St. Joseph's Hospital WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 22nd 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse 048

(b) General nature of industry, business, or establishment in which employed (or employer) St Joseph Hosp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas L Haupt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ella McCarron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary Dassel

(Address) Halethorp Md

15 Filed FEB 2 - 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to Feb. 2, 1929,

that I last saw her alive on Feb 2 1929,

and that death occurred, on the date stated above, at 7 30 2 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Not place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Zimmerman M. D.

2/2, 1929 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Wilmington Del

DATE OF BURIAL Feb 5 1929

UNDERTAKER Robert Brookshaw

ADDRESS Calhoun Holland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Blks.

E 42466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42466

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 W. Baltimore ST. 19-28 WARD)

2—FULL NAME Frances M. Wagner

(a) RESIDENCE NO. 1400 Hollins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Wagner

6 DATE OF BIRTH (month, day, and year) May 1848.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Porter

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mr. Charles W. Grant

(Address) 1902 W. Baltimore St.

15 Filed FEB 2 - 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Jan 30, 1929

that I last saw her alive on Jan 30, 1929

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Valvular Heart Disease

(Mitral Stenosis -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Estelle Hemmings, M. D.

2/2, 1929 (Address) 2000 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 2nd 29

20 UNDERTAKER Joseph B Cook

ADDRESS 1603 West Baltimore St

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E42467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 42467

E 42467

CERTIFICATE OF DEATH.

× 185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hotel Belvedere St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hervey King Jr.

(a) RESIDENCE NO. Park Road, Portsmouth, Va. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nancy Lovejoyce Hudgins

6 DATE OF BIRTH (month, day, and year) April 20, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	8 9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant to $\frac{V}{P}$

(b) General nature of industry, business, or establishment in which employed (or employer) President Sea Board Air

(c) Name of employer Line Railway Company

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER William H. King

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Keturah Palmer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not obtainable

14 Informant L. J. Molloy

(Address) Continental Building

15 Filed FEB 3 1929 19

C. Harvey Jones M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Fract. skull. Internal injuries of chest by falling from window at Hotel Belvedere (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental (Duration) yrs. mos. ds.

(Signed) W. H. Roberts M. D.

(Coroner)

. 19 29 (Address) 1639 Braddish

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portsmouth, Va. Date of Burial 2/2 19 29

20 UNDERTAKER Henry W. Spears & Son ADDRESS 805 N. Calvert

Via Old Bay Line Steamer Escort -

IF DEATH occurred in a hospital or institution, the NAME should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 42468

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E. #42468

143

REGISTERED NO. E 42468

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hospital. St. 3-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E. Smallwood.

(a) RESIDENCE NO. 3146 Keswick Road. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey L. Smallwood.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER Eugene Miller.

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Harvey L. Smallwood.

(Address) Philadelphia Rd. & Hamilton Ave

15 Filed FEB 3 1929 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1929.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Self induced abortion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

2/2/29 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Parkwood Cem	Feb 4 1929
20 UNDERTAKER	ADDRESS
Johnson & Son	3645 Eastern Ave

(If any of these items are unknown, the coroner should be notified. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.)

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42469

E. 42469

CERTIFICATE OF DEATH

29 B. 42469

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1824 E 29th St ST., 9-46 WARD)

2—FULL NAME Helen J Fuhrman.

(a) RESIDENCE NO. 1824 E. 29th St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry J Fuhrman

6 DATE OF BIRTH (month, day, and year) Feb 5 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70		11	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Joseph Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant A. V. Osmond.

(Address) 1824 E. 29th St

15 Filed FEB 3 - 1929 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to Feb 1 1929 that I last saw h alive on Feb 1 1929 and that death occurred, on the date stated above, at 5.40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema
Hypostatic
Chronic Interstitial Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral regurg + Aortic stenosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Vivian F Kelly M. D.

2/2, 1929 (Address) 608 Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stella Mar Freedom — DATE OF BURIAL Feb. 4 1929.

20 UNDERTAKER Chenowith Son — ADDRESS 245 Light St

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42470.

E 42470

1—PLACE OF DEATH

REGISTERED NO. 179 E 42470

CITY OF BALTIMORE: (No. 825 N.Milton Ave. ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles L.Van-Newkirk

(a) RESIDENCE NO. 825 N.Milton Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Van-Newkirk

6 DATE OF BIRTH (month, day, and year) April 5/1868

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph

(b) General nature of industry, business, or establishment in which employed (or employer) Operator

(c) Name of employer P.R.R. do

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joesph Van-Newkirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Eagelston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Pauline Van-Newkirk

(Address) 825 N.Milton Ave.

15 Filed FEB 3 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st. 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928 to Jan 31, 1929.

that I last saw him alive on Jan 30, 1929

and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

2/1/29 (Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 2/4/29

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

180-001 42471

E 42471

CERTIFICATE OF DEATH.

E 42471

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2315 Windsor Ave. Ward) 215-60

2-FULL NAME Harold Ralph Sauter

(a) RESIDENCE NO. 2315 Windsor Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) Nov 14-1928

7 AGE	Years	Months	Days 18	IF LESS than 1 day.....hrs. or.....min.
		2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Jos Sauter

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Jessie Rosenthal

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Jos. Sauter

(Address) 2315 Windsor Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation (Accidental) (duration) ..... yrs. Sudden

CONTRIBUTORY (Secondary)

(durntion) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Funk M. D.

(Coroner) (Address) North Ave & Wm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial 2/3 1929

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 3 1929

Spec.-7-17-26—A Co.—200 Bks.

Amelia Hall ✓ E 42472

E 42472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 [redacted] 42472

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amelia Hall

(a) RESIDENCE NO. 135 E Oxford St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE Years 65 Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Herman Schalling

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Naomi Hall

(Address) 1827 Edmondson ave

15 Filed ..... 19 ..... Registrar

FEB 3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/4/29, 19..., to 2/2/29, 19...,

that I last saw her alive on 2/2/29, 19...,

and that death occurred, on the date stated above, at 11:50 a. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. A. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Feb 4th 1929

20 UNDERTAKER J. A. Krause & Son. ADDRESS 703 S Howard

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E. 42473

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Grauer Granee

(a) RESIDENCE NO. 1611 N Bradford ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Granee

6 DATE OF BIRTH (month, day, and year) ~~1-24-29~~ 1894

7 AGE	Years	Months	Days
	35		

(If LESS than 1 day, ... hrs. or ..... min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) oork

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Grauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ernestina Goldsmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Grauer (Address) 1611 N Bradford

15 Filed FEB 3 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2- 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-24, 1929, to 2-2, 1929, that I last saw h[illegible] alive on 2-2, 1929 and that death occurred, on the date stated above, at 3.25 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid Colon.
Intestinal Obstruction
Partial.

CONTRIBUTORY (Secondary) Peritonitis general (duration) yrs. 6 mos ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at his home.

Did an operation precede death? yes Date of Jan 27, 1929

Was there an autopsy? None

What test confirmed diagnosis? Operation & Laboratory

(Signed) Nicholas R. Bonelli A.B. M. D.

. 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Mem Park Old DATE OF BURIAL Feb 4th 1929

20 UNDERTAKER Leo G. Leook ADDRESS 1723 Pat Ave

Station should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42474

CERTIFICATE OF DEATH

11-002 E 42474

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 403 Kingston Rd ST. 28-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Marie Wolfe

(a) RESIDENCE NO. 403 Kingston Rd ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20 29

7 AGE	Years	Months	Days if	If LESS than 1 day, hrs. or min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James R Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara M Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James R Wolfe

(Address) 403 Kingston Rd.

15 FEB 3 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 29

17

I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929, to Feb 2nd 1929, that I last saw h[illegible] alive on Jan Feb 2nd 1929 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm B Bayley M. D.

19 (Address) 3048 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mickes Frederick Co Md. Cemetery

DATE OF BURIAL Feb 4 1929

20 UNDERTAKER W M Routson

ADDRESS 220 W North Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Bennie Ridder Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E ~~42475~~ RIDDER Smith 8 X E 42475

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 449

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St. ST., 12 WARD)

2—FULL NAME Mrs F. Hopkinson Smith

(a) RESIDENCE NO. 1109 S. 33rd St ST., Birmingham Alabama WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of F. Hopkinson Smith

6 DATE OF BIRTH (month, day, and year) aug. 29. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER George Wilson Ridder

11 BIRTHPLACE OF FATHER (city or town) Wilmington (State or country) N.C.

12 MAIDEN NAME OF MOTHER Florence Hill

13 BIRTHPLACE OF MOTHER (city or town) Pittsboro (State or country) N.C.

14 Informant Hospital Records.

(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Feb 2, 1929, that I last saw h.. alive on Feb 2, 1929 and that death occurred, on the date stated above, at 6:12 P m.

The CAUSE OF DEATH* was as follows:

Cerebellopontine angle tumor

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Intracranial hemorrhage & shock (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? yes Date of Jan 20, 1929

Was there an autopsy? no.

What test confirmed diagnosis? operation & P.O. course

(Signed) Francis W. Clark, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington N. C.

DATE OF BURIAL Feb 3 1929

20 UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 42476

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Rutland Ave ST. 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Bolton

(a) RESIDENCE NO. 1518 Rutland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Phillip Saffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Lashum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Mrs Baur

(Address) 1518 Rutland ave

15 Filed 1929, 19 Harrison Jones II Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1924, to Feby 2, 1929, that I last saw h alive on Feby 2, 1929 and that death occurred, on the date stated above, at 12, 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R G Davis M. D.

. 19 (Address) 1509 N Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feby 5, 1929
20 UNDERTAKER Robt L. Turner & Son	ADDRESS 1427 Broadway

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Sackeman.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42477

CERTIFICATE OF DEATH

90 E 42477

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltmor apt ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah Sackeman

(a) RESIDENCE NO. Baltmor apt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Benjamin Sackeman

6 DATE OF BIRTH (month, day, and year) June 15 62

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babet Lustor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant L. J. Sackeman

(Address) Baltmor apt

15 Filed 1929 Harry Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/29

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to 2/2, 1929, that I last saw h alive on 2/1, 1929 and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6, mos. ds.

CONTRIBUTORY (Secondary) Otitis Externa

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Howard Katz M. D.

2/2, 1929 (Address) 2071 Wood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 2/4 1929

20 UNDERTAKER: David Sondheim — ADDRESS: 118 W Mt Royal Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42478

CERTIFICATE OF DEATH

31

E 42478

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 3014 Kesuick Road ST., 13-52 WARD)

2—FULL NAME John T. McDonald

(a) RESIDENCE NO. 3014 Kesuick Road ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Bell McDonald

6 DATE OF BIRTH (month, day, and year) Aug. 7-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabelle Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs. Lydia Bell McDonald

(Address) 3014 Kesuick Road.

15 Filed FEB 3 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 29, to Feb 2, 19 29, that I last saw h[illegible] alive on Feb 2, 19 29 and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows:

E Pneumonia Lob.

Pulmonary Embolism

CONTRIBUTORY (Secondary) Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Richardson M. D.

Feb 3 1929 (Address) 112 W 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Feb. 4- 1929

UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Road.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42479

46 E 42479

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 732 E. Fort Ave WARD 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Thompson

(a) RESIDENCE NO. 732 E Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Thompson

6 DATE OF BIRTH (month, day, and year): Aug 17 1849

7 AGE — Years: 79 — Months: 5 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Woode

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Margaret Dunguay

(Address) 736 Fort Ave

15 Filed B 3 - 1929 19 R M [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928 to Jan 31, 1929, that I last saw her alive on Jan 31, 1929, and that death occurred, on the date stated above, at 3:50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? — No.

What test confirmed diagnosis? Usual

(Signed) C. F. Stahney, M. D.

2/1, 1929 (Address) 636 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Feb. 4 1929

20 UNDERTAKER: Chas. L Stevens — ADDRESS: 1500 E Fort Ave.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42480

101-001

CERTIFICATE OF DEATH

E 42480

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University of Md ST. 18-28 WARD)

2—FULL NAME Allen E. Hargis.

(a) RESIDENCE NO. 1020 Hollins ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B. Hargis.

6 DATE OF BIRTH (month, day, and year) Dec. 23rd 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sofa Filler

(b) General nature of industry, business, or establishment in which employed (or employer) 986

(c) Name of employer Va

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Hargis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Pearson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Emma F. Hargis

(Address) 1020 Hollins St

15 Filed FEB 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1929, to Feb 1, 1929.

that I last saw h[illegible] alive on Feb. 1, 1929

and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of Entire Right Lung

(duration) yrs mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? no

(Signed) C. F. Turbach M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkesley. Va	Feb 5th 1929

20 UNDERTAKER F. B. Nisbet ADDRESS 853 W Baltimore St

Do not write on plain lines, as this may be property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—500 Cts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42481

CERTIFICATE OF DEATH.

E 42481

1—PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wellens Aves (ST.) (WARD) 20-64

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Evelyn Donahue

(a) RESIDENCE NO. 2658 Frederic Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Born Oct 1926

7 AGE: Years 2 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Thomas J Donahue

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Thomas Donahue
(Address): 2658 Frederic Ave

15 Filed 19 Registrar

(HARRISON JONES, M. D.)

FEB 3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-2 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-19 .1929. to 2-2 .1929.

that I last saw her alive on 2-2 .1929

and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & X-Ray

(Signed) Nicholas M Bouldy, M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ellicott City Md — DATE OF BURIAL: Feb 4 1929

20 UNDERTAKER: F B Wisner — ADDRESS: 1850 N Belnord

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—600 Bks.

Consumption

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42482

CERTIFICATE OF DEATH

E 42482

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 W. Lexington ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie E. Lewis

(a) RESIDENCE NO. 2141 W. Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Lewis

6 DATE OF BIRTH (month, day, and year) Jan 9th 1856

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0-7

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Saunders

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Nellie Lewis

(Address) 2141 W. Lexington St.

15 Filed ... 193 ... Registrar

B3-1529

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/29

17 I HEREBY CERTIFY, That I attended deceased from 1/27/29, 19..., to 1/31/29, 19..., that I last saw h[illegible] alive on 1/31/29 and that death occurred, on the date stated above, at 10 15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll, M. D.

1/31, 1929 (Address) 1211 Mulberry st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb 4th 1929
UNDERTAKER	ADDRESS
H. B. Kilpatrick	1850 N. Eden St

important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Blks.

E 42483 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42483

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Mosher ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rachel Alverda Putts

(a) RESIDENCE NO. 2717 Mosher ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Chas. J. Putts

6 DATE OF BIRTH (month, day, and year) July 25 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Woodlawn, Balto Co. Md

PARENTS

10 NAME OF FATHER Caleb Emmanuel

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Timmerman

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Mrs. Blanche N. Thomas

(Address) 2717 Mosher Street.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Feb 2, 1929, that I last saw she alive on Feb 2, 1929 and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ✓ Date of .....

Was there an autopsy? ✓

What test confirmed diagnosis? .....

(Signed) Emma L. K. Palmer, M. D.

2/3, 1929 (Address) 3004 W Lanvale Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Feb 5 1929
20 UNDERTAKER	ADDRESS
Lloyd Cook	1003 N Eutaw St

OF DEATH in plain terms, so that it may be of property examined. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42484

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 St Paul ST. 12-50 WARD)

REGISTERED NO. **E 42484**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ELEANOR VICTORIA EIGELBERNER.

(a) RESIDENCE NO. 3012 St Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	14	3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Post Office

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas J. Eigelberner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine V. Stidham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mabel Eigelberner

(Address) 3012 St Paul St.

15 Filed FEB 3 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1929.

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to Feb 1, 1929, that I last saw h[illegible] alive on Feb 1, 1929, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

16 hours

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No,

What test confirmed diagnosis?

(Signed) Arthur R. Mercombe M. D.

2/2/29 (Address) 3524 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Calvert St

Spec.—2-29-28—L. F. S.—500 Blks. HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH E 42484 1—PLACE OF DEATH CITY OF BALTIMORE: (No. 3012 St Paul ST. 12-50 WARD) REGISTERED NO. E 42484 (If death occurred in a hospital or institution, give its NAME instead of street and number.) 2—FULL NAME ELEANOR VICTORIA EIGELBERNER. (a) RESIDENCE NO. 3012 St Paul ST., WARD (Usual place of abode) Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds. (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS 3 SEX Fem. 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) Sept. 19, 1870 7 AGE Years 58 Months 4 Days 14 If LESS than 1 day, hrs. or min. 3 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Clerk (b) General nature of industry, business, or establishment in which employed (or employer) U.S. Post Office (c) Name of employer 9 BIRTHPLACE (city or town) (State or country) Baltimore Md PARENTS 10 NAME OF FATHER Thomas J. Eigelberner 11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md. 12 MAIDEN NAME OF MOTHER Catherine V. Stidham 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md 14 Informant Mabel Eigelberner (Address) 3012 St Paul St. 15 Filed FEB 3 - 1929 Registrar MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (month, day, and year) Feb. 2, 1929. 17 I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to Feb 1, 1929, that I last saw h[illegible] alive on Feb 1, 1929, and that death occurred, on the date stated above, at 2.40 A m. The CAUSE OF DEATH* was as follows: Cerebral Apoplexy 16 hours CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 1 yrs. — mos. — ds. 18 Where was disease contracted if not at place of death? — Did an operation precede death? No Date of Was there an autopsy? No, What test confirmed diagnosis? (Signed) Arthur R. Mercombe M. D. 2/2/29 (Address) 3524 Greenmount Ave. *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Feb 5 1929 20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Calvert St

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 **E 42485**

E 42485

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4220 Vermont Avenue St. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dwight Alban Riley

(a) RESIDENCE NO. 4220 Vermont Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Reeder Riley

6 DATE OF BIRTH (month, day, and year) April 2, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer Baltimore & Ohio R.R.

9 BIRTHPLACE (city or town)

(State or country) Ohio

PARENTS

10 NAME OF FATHER Michael M. Riley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) United States

12 MAIDEN NAME OF MOTHER Luisa Livingston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio

14 Informant Mrs. Dwight A. Riley

(Address) 4220 Vermont Ave.

15 Filed FEB 3 1929 Registrar

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) Edward Brooke M. D.

(Coroner)

2/2 1929 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Athens, Ohio

Date of Burial Feb. 4 1929

20 UNDERTAKER Harold Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42486

CERTIFICATE OF DEATH

10-001 V

E 42486

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital 8-C WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Ward

(a) RESIDENCE NO. 1016 Law ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walter Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Della Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Della Ward

(Address) 1016 Law St

15 Filed FEB 3 1929 Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929 to Feb 2, 1929

that I last saw him alive on Feb 2 1929

and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1016 Law St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Jr'ly M. D.

2-3. 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 2/3/29 1929

20 UNDERTAKER Byron Wright

ADDRESS 1215 McElderry

Spec.—2-29-28—L. F. S.—500 Blks.

E 42487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 42487

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 113-W. Mulberry ST., 11th WARD)

2—FULL NAME Henry A. Norman

(a) RESIDENCE NO. 113-W Mulberry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U. S., if foreign birth? — yrs. — mos. — da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliz. Norman

6 DATE OF BIRTH (month, day, and year) 5-13-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) City Dept

(c) Name of employer

9 BIRTHPLACE (city or town) Bristol
(State or country) England

PARENTS

10 NAME OF FATHER Alex. Norman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) France

14 Informant Eliz. Norman
(Address) 113-W. Mulberry St

15 Filed FEB 3 - 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2. 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to Feb 2. 1929

that I last saw him alive on Feb 1. 1929

and that death occurred, on the date stated above, at 7:30a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic interstitial nephritis

(duration) 1 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Gen Arterio sclerosis

(duration) 8 yrs. — mos. — da.

18 Where was disease cantracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James L. Adelmeat, M. D.

2-3-29 (Address) 4012 Pasc Hgh Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Bridge Md	2/6/29
20 UNDERTAKER George J. Petty Sons	ADDRESS 1235 Harford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42488 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1929 E 42488

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 70-28 STREET, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Victoria Blake

(a) RESIDENCE NO. 1903 W. Pratt ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female (white)

4 COLOR OR RACE: White (female)

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John E. Blake

6 DATE OF BIRTH (month, day, and year): May 24, 1852

7 AGE — Years: 76 | Months: 8 | Days: 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: George Thrift

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sally Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. Minnie L. Worthen

(Address): 410 Pinkerstown Rd.

Filed FEB 3 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 31, 1929, that I last saw her alive on Jan 31, 1929, and that death occurred, on the date stated above, at 9 15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) About 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (duration) About 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1903 W Pratt St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Irby M. D.

Feb 1, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Cem

DATE OF BURIAL: Feb 4, 1929

20 UNDERTAKER: Harry A Witzke, 1531 N. Lombard St.

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42489 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42489

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rexford Tennanus Jr.

(a) RESIDENCE No. 4515 Harford Rd ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? 3 yrs. 4 mos. 9 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Chas. H. Tennanus

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Beatrice Myers

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant (Chas. H. Tennanus Father) (Address) 4515 Harford

Filed FEB 4 - 1929 Harry J. Cole, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to Feb. 3, 1929, that I last saw him alive on Feb. 2, 1929, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) C. C. Simmons, M. D.

, 19 (Address) 51 Forrest 1700

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Swartzell Mortuary — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

E 42490 HEALTH DEPARTMENT—CITY OF BALTIMORE 1929 E 42490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Parkwood Ave (or T.) 1759 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Herman Meyer

(Residence in Baltimore: No. 2816 Parkwood Ave St.; 53 yrs., 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1875 (Year)

7-AGE, 53 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Post Office Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Post Office Dept

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H. Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Hauschau

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie T. Meyer

(Address) 2816 Parkwood Ave

15-

Filed ....., 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1st (Day), 1929 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1929, to Feb 1 1929, that I saw him alive on Feb 1st 1929, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and chronic Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 12 ds.

(Signed) B. Kader M. D.

Feb 3, 1929 (Address) 2306 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Reland Lodge

DATE OF BURIAL, 2/4, 1929

20-UNDERTAKER Stewart & Mowen Co

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

9220 E 4249 HEALTH DEPARTMENT—CITY OF BALTIMORE E 4249

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mercer

(a) RESIDENCE No. 117 Poplar Ave ST., WARD Berkeley Co

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse LeRoy Mercer

6 DATE OF BIRTH (month, day, and year): Mar. 29, 1873

7 AGE — Years: 55 — Months: 10 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va.

PARENTS

10 NAME OF FATHER: Jessie Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary E. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 4 1929 H. Barton Jacobs, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 3, 1929, that I last saw her alive on Feb. 3, 1929, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor. Metastatic ?

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Intracranial pressure.

3 or 4 weeks. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes. Date of 2-2-29

Was there an autopsy? yes.

What test confirmed diagnosis? Operation Examination

(Signed) I. R. Trimble M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk, Va. DATE OF BURIAL: Feb 5, 1929

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gorsuch 5 Court Sq

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 42492

CERTIFICATE OF DEATH

E 42492

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2922 St Paul ST. 12-50 (WARD)

2—FULL NAME Albert E. Waldner

(a) RESIDENCE NO. 2922 St Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha I Waldner

6 DATE OF BIRTH (month, day, and year) July 5, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Die Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 022

(c) Name of employer Thomson & Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Louis Waldner

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Gruetter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Martha I Waldner
(Address) 2922 St Paul St

15 Filed ..., 19 ... Registrar

FEB 4 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1929 to Feb 2 1929
that I last saw h alive on Feb 2 1929
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) 4 yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Clinical

(Signed) H Stanley Gorsuch M.D.

Feb 3 1929 (Address) Mount Royal

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/6 19 29

20 UNDERTAKER Jos Cook

ADDRESS 1214 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42493

CERTIFICATE OF DEATH

129 E 42493

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Tilghman

(a) RESIDENCE NO. 1819 Dunham ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Tilghman

6 DATE OF BIRTH (month, day, and year) May 5th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8 9	26 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Tilghman
(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... C. HAMPSON CURRIE Registrar

FEB 4 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-29

17 I HEREBY CERTIFY, That I attended deceased from 1-5 . 1929 . to 2-1 . 1929.

that I last saw h alive on 2-1 . 1929

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertension Pericarditis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical Examination

(Signed) [illegible] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
(1) Loudon Park	2-5 19 29
(2) UNDERTAKER	ADDRESS
[illegible]	1217 E Pratt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. (See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Mills

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42494 E 42494

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 127 E. Cross St. WARD 24-33

2-FULL NAME Edward N. Mills

(a) RESIDENCE NO. 127 E. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 11. 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER James C. Mills

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Victor

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James C. Mills
(Address) 127 E. Cross St

15 Filed ..... 19 ..... FEB 4 1929 C. H. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 3, 1929.

that I last saw h... alive on Feb 2, 1929

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia
Primary

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. L. P. Jamieson M. D.

Feb 3 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 6 1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42495

1—PLACE OF DEATH

REGISTERED NO. 57

CITY OF BALTIMORE: (No. Md General Hospital ST. 1-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Emma Smith

(a) RESIDENCE NO. 930 Lemmon St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clayton E. Smith

6 DATE OF BIRTH (month, day, and year): Aug 5 1887

7 AGE: Years 41 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Fischbach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Pauline Dard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Record

(Address):

15 Filed FEB 4 1929, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/29/29

17 I HEREBY CERTIFY, That I attended deceased from 1-18-29, 19 to 2-2-29, 19

that I last saw h alive on 2-2-29, 19

and that death occurred, on the date stated above, at 5:35 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ?, yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Jno A Compton, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D. Westerm

DATE OF BURIAL: 2/5/29

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Vogel – Monument & Luzerne

E 42496

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 42496

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 535 N. Luzerne ST., 710 WARD)

2—FULL NAME Margaret E. Myers

(a) RESIDENCE NO. 535 N. Luzerne ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Martha Freborn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Barbara Edmonson
(Address) 535 N. Luzerne Ave

15 Filed FEB 4 - 1929 C. HAMILTON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Feb. 2, 1929, that I last saw h. er alive on Feb 2, 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cystadenoma

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Colon Carcinoma

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? At Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr Laws Vogel, M. D.

2/3—1929 (Address) 1006 Monument W.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monumental

DATE OF BURIAL 2/5 1929

20 UNDERTAKER H. T. Cook

ADDRESS 1247 Pratt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 42497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 42497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 920 S Ballard St., 1-3 Ward)

2-FULL NAME Estride Riley

(a) RESIDENCE NO. 920 S Ballard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	4	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John J Riley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balt Md

12 MAIDEN NAME OF MOTHER Anna M Knight

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant John J Riley
(Address) 920 S Ballard St

15 Filed FEB 4 1929, 19... C. H. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy of inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Acute Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Davis M. D.

Feb 1 19 29 (Address) 143 N Dwight

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schnarz	2 4 19 29
20 UNDERTAKER H. M. Cook	ADDRESS 2173 Pont St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Louisa Darsch

E 42498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42498

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mar 2069 Lafayette Ave St. W-69 Ward)

2-FULL NAME Louisa Darsch

(a) RESIDENCE NO. 2100 Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Darsch

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE: 75 Years 4 Months Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: C. A. Burns

(Address): 714 N. Bond

15 Filed FEB 4 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2 19 29

17 I HEREBY CERTIFY, That I took charge of remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Feb. 3 (Signed) H. S. Mills M. D.

(Coroner)

, 19 29 (Address) 1639 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Feb 5 19 29

20 UNDERTAKER: Geo Cook — ADDRESS: 217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42499

CERTIFICATE OF DEATH

E 42499

REGISTERED NO. 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Audrey C. Fillack

(a) RESIDENCE NO. 621 N. Bond Rd ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced WIFE of (or) HUSBAND of Albert Fillack

6 DATE OF BIRTH (month, day, and year) Aug 26, 1905

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
23	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm C Hollbrook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Caroline Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Hospital Records.

(Address)

15 Filed FEB 4 1929 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Feb 2, 1929

that I last saw her alive on Feb 2, 1929

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency.
Mitral Stenosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Krumbhaar M. D.

(Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bond - Baltimore	Feb 5 1929
20 UNDERTAKER J. Tucker & Sons	ADDRESS N. Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42500

CERTIFICATE OF DEATH

89 E 42500

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4000 Old Frankford Rd ST. 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wilhelmyna Stumbach Walther

(a) RESIDENCE NO. 4000 Old Frankford Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hugo K A. Walther

6 DATE OF BIRTH (month, day, and year) Dec 5 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. Stumbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles D. Walther

(Address) 4000 Old Frankford Rd

Filed FEB 4 - 1929 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1. 29

17

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929, to Feb. 1, 1929, that I last saw h alive on Jan. 31, 1929 and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardio-Fibrosis

Heart Failure (duration) yrs. mos 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. S. Hanson, M. D.

2. 1. 1929 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 4 1929

20 UNDERTAKER: H. Reuben Jones

ADDRESS: Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—I. P. S.—500 Bks.

E 42501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 42501

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Washington St. 8-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ann Dowling

(a) RESIDENCE NO. 1141 Washington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dowling

6 DATE OF BIRTH (month, day, and year): Feby 18 1869

7 AGE: Years 68 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House
(b) General nature of Industry, business, or establishment in which employed (or employer): Work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: Jno Hannaman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Hobart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Carrie Hannaman
(Address): 1141 Washington Ave

15 Filed ... C. H. [illegible] Registrar

B 4-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1, 1929.

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928 to Feb 1, 1929.
that I last saw he alive on Feb. 1, 1929
and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus,

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary): None.

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam Etc

(Signed) Thos Norton, M. D.

2/2, 1929 (Address) 888 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feby 4 1929

20 UNDERTAKER: [illegible] — ADDRESS: Northern

OF DEATH in plain terms, so that it may be properly classified. Be important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42502

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. Clinton St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Bollack

(a) RESIDENCE NO. 916 S. Clinton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Bollack

6 DATE OF BIRTH (month, day, and year) Jan. 22-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	-	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer) oil barrell factory

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John P. Bollack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Neitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary F. Bollack

(Address) 916 S. Clinton St.

15 Filed ..., 19 Per ... Registrar

B 4-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31-29

17 I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1928, to Jan 31, 1929, that I last saw him alive on Jan 31, 1929, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(common type)
Pott's disease
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray

(Signed) W. W. Wright, M. D.

2/1, 1929 (Address) 1015 S. Wolfe Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Feb 4 1929
20 UNDERTAKER	ADDRESS
George W. Zinkler	1737 E. Eager St

OF DEATH in plain terms, so that it may be properly classified. Last birthday of deceased must be given. Use ditto marks only when they will make the answer clear. Do not use abbreviations. Be sure that every question is answered. Physicians are requested to fill out certificates of death in their offices and not to leave them to be filled out by undertakers or others. Certificates should be written in ink and should be signed as soon as filled out. Every certificate must be filled out before a burial permit will be issued. Please read carefully the rules on the back of this certificate. Answer all questions as far as practicable. Be sure to write plainly and to spell correctly. Do not forget to sign your name. Do not fail to state the cause of death clearly and fully. Do not state the mode of dying, such as heart failure, asthenia, exhaustion, etc., without stating the primary cause. Do not state symptoms instead of disease. Do not state occupation instead of disease. Do not state old age as a cause of death. Do not state duration of disease instead of disease. Do not state disease of a certain organ instead of disease. Do not state disease of a certain part of the body instead of disease. Do not state disease of a certain tissue instead of disease. Do not state disease of a certain cell instead of disease. Do not state disease of a certain gland instead of disease. Do not state disease of a certain muscle instead of disease. Do not state disease of a certain nerve instead of disease. Do not state disease of a certain bone instead of disease. Do not state disease of a certain joint instead of disease. Do not state disease of a certain vessel instead of disease. Do not state disease of a certain duct instead of disease. Do not state disease of a certain sac instead of disease. Do not state disease of a certain membrane instead of disease. Do not state disease of a certain fluid instead of disease. Do not state disease of a certain secretion instead of disease. Do not state disease of a certain excretion instead of disease. Do not state disease of a certain product instead of disease. Do not state disease of a certain by-product instead of disease. Do not state disease of a certain waste product instead of disease. Do not state disease of a certain metabolic product instead of disease. Do not state disease of a certain toxic product instead of disease. Do not state disease of a certain infectious product instead of disease. Do not state disease of a certain parasitic product instead of disease. Do not state disease of a certain fungal product instead of disease. Do not state disease of a certain bacterial product instead of disease. Do not state disease of a certain viral product instead of disease. Do not state disease of a certain protozoal product instead of disease. Do not state disease of a certain helminthic product instead of disease. Do not state disease of a certain arthropod product instead of disease. Do not state disease of a certain mollusk product instead of disease. Do not state disease of a certain annelid product instead of disease. Do not state disease of a certain echinoderm product instead of disease. Do not state disease of a certain coelenterate product instead of disease. Do not state disease of a certain porifera product instead of disease. Do not state disease of a certain protozoan product instead of disease. Do not state disease of a certain algal product instead of disease. Do not state disease of a certain lichen product instead of disease. Do not state disease of a certain moss product instead of disease. Do not state disease of a certain fern product instead of disease. Do not state disease of a certain gymnosperm product instead of disease. Do not state disease of a certain angiosperm product instead of disease.

Spec.—1-10-21—M&T—1500 Bks.

E 42503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42503

CERTIFICATE OF DEATH.

122-001

REGISTERED NO. 9-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitorium ST., WARD)

2-FULL NAME Richard M Duvall

(a) RESIDENCE NO. 640 E. 35th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M Duvall

6 DATE OF BIRTH (month, day, and year) Dec 11 1857

7 AGE	Years	Months	Days
	71	1	21

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 609

(c) Name of employer Penna R R

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas. Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jane Evenhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. Violet Gaskins

(Address) 640 E 35th St

15 Filed FEB 4 1929, 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb- 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec- 25 1928 to Feb- 1 1929, that I last saw him alive on Feb- 1 1929, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

1 Cirrhosis Liver

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism Ind.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H C Hoen, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetary	Feb 4 1929
20 UNDERTAKER George W. Zirkle	ADDRESS 1737 E Eager St

N. B.—All facts should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42504

CERTIFICATE OF DEATH

57 E 42504

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Hudson ST. 26-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fredrick H. Rethschulte

(a) RESIDENCE NO. 3724 Hudson ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Freda Rethschulte

6 DATE OF BIRTH (month, day, and year) May 24- 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	68	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick H. Rethschulte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Freda Rethschulte
(Address) 3724 Hudson St

15 Filed FEB 4- 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1928, to Feb 1, 1929

that I last saw him alive on Feb 1, 1929

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Gangrene

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Symptoms

(Signed) H. L. Eberhart, M. D.

2/2, 1929 (Address) 201 N. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	Feb 5 19 29
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E. Eager

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42505

E 42505

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 333 E. 22 ST. 1250 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Groesinger

(a) RESIDENCE No. 333 E. 22 ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a If married, widowed, ~~or divorced~~
If ~~HUSBAND~~ of
(or) ~~WIFE~~ of Julia Groesinger

6 DATE OF BIRTH (month, day, and year) Aug 15-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Groesinger

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Herrenkamp

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs. Baumgartner
(Address) 333 E. 22d St

15 Filed ..... 192 ..... Registrar

FEB 4 - 1929 C. HARRISON LOWE, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry)
find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrissey, M. D.
(Coroner)

2/5 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park cem.	Feb 5 1929
20 UNDERTAKER George W Zickler	ADDRESS 1737 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42506 — 47 — Ĕ 42506

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Hopkins Hospital St., 20-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Hussey

(a) RESIDENCE NO. 3001 Aosseth St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo R. Hussey

6 DATE OF BIRTH (month, day, and year) May 1- 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or ....min.
	31	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work "t home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cincinnatti, Ohio

PARENTS

10 NAME OF FATHER Andrew Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Clara Ruby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Kentucky

14 Informant Hospital Records

(Address)

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 1/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast-Terminal Pneumonia

(Autopsy at Hopkins)

(duration) .....yrs. .....mos. .....dy.

CONTRIBUTORY (Secondary) Pregnant

(duration) .....yrs. .....mos. .....dy.

(Signed) [signature] M. D.

(Coroner)

2/2/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....dy. In the State.....yrs.....mos.....dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — Date of Burial Feb 6 1929

20 UNDERTAKER George W. Spikler — ADDRESS 1737 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 42507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42507

1-PLACE OF DEATH

City of BALTIMORE: (No.) Franklin Sq. Hospital (Ward) 7-55 18-103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W.O. Schildwachter

(a) RESIDENCE NO. 3319 Rodgers ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced RUSBAND of (or) WIFE of Marie Schildwachter

6 DATE OF BIRTH (month, day, and year) June 28. 1883 Feb 2 29

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engraver

(b) General nature of Industry, business, or establishment in which employed (or employer) 56

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Wm

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Mantler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Marie Schildwachter

(Address) 3319 Rogers ave

15 Filed ..... 19 .....

Per ..... Registrar

FEB 4 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, aforesaid and that said deceased came to death (autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile Accident
Fractured ribs & Pelvis
Internally (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Sudden (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas F Brooke M. D.

(Coroner) Fee $10.00 paid

2-4 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial Feb 5 1929

20 UNDERTAKER Joseph Syfer ADDRESS 1000 W North

F. N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42508

E 42508

CERTIFICATE OF DEATH

161-004

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2541 Arunah ave ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael H. Holzmiller

(a) RESIDENCE NO. 2541 Arunah ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Batto
(State or country)

PARENTS

10 NAME OF FATHER Philipp Holzmiller

11 BIRTHPLACE OF FATHER (city or town) Ohio
(State or country)

12 MAIDEN NAME OF MOTHER Susan Ann Cox

13 BIRTHPLACE OF MOTHER (city or town) Batto
(State or country)

14 Informant Mrs. Cox

(Address) 2541 Arunah ave

15 Filed 1929 [illegible] U. S. M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Feb. 3, 1929, that I last saw him alive on Feb. 3, 1929 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Immature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Philibras Artigiani M. D.

19 (Address) 2941 E. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Feb. 4 1929
20 UNDERTAKER John A. Moran	ADDRESS 3000 E. Balto St.

PROOF OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42509

100-001

CERTIFICATE OF DEATH.

E 42509

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

8-17

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. ____ Ward)

2-FULL NAME Clayton A. Anderson

(a) RESIDENCE NO. 1608 N. Bethel St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 20/27

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	8	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Anderson

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Balto., Co., Md.

12 MAIDEN NAME OF MOTHER Lillian Wahlman

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Balto., Md.

14 Informant Charles Anderson

(Address) 1608 N. Bethel St

15 Filed FEB 2 1929 19____ Per ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. E. Y. Poe M. D.

(Coroner)

2/2/29 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 2/4 1929

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK.—This is a permanent record, and any mistake or omission should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N Gilmor ST. 19-27 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Gantt

(a) RESIDENCE NO. 413 N Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Gantt

6 DATE OF BIRTH (month, day, and year): May 7 1876

7 AGE: Years 52 Months 11 Days 27 (25) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or estnblishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co

PARENTS

10 NAME OF FATHER: Henry Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co.

12 MAIDEN NAME OF MOTHER: Perka Gantt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Mary Stone

(Address) 413 N Gilmor

15 Filed FEB 4 - 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 19 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 29, to Feb 2, 19 29, that I last saw h alive on Feb 2, 19 29 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion (Pulmonary Edema Effusion)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Influenza (Dec 1928)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Wright, M. D.

, 19 (Address) Carey & Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 6 19 29

20 UNDERTAKER: Clarence E. Wright

ADDRESS: 364 N Carey

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

*Spec.—2-29-28—L. F. S.—500 Bks.

Margaret Jones

E 42511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42511

31

CERTIFICATE OF DEATH

REGISTERED NO. 12-51

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2—FULL NAME

(a) RESIDENCE NO. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

FEB 4 - 1929 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Feb. 4 1929
20 UNDERTAKER Wm. R. G. Elliott	ADDRESS 1720 Eastern

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42512

CERTIFICATE OF DEATH

100-001
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Exeter St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Block

(a) RESIDENCE NO. 101 N Exeter St ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Samuel Block

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Block
(Address) 4017 Eastern Ave

15 Filed FEB 4 - 1929 H. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1929, to Feb. 3, 1929.

that I last saw h[illegible] alive on Feb. 3 1929

and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Coronic Alcoholism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Strauss Jr. M. D

2/3 1929 (Address) 1002 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lebanon Cem.

DATE OF BURIAL 2-4- 1929

20 UNDERTAKER Jack Lewis, 1439

ADDRESS E Balto St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42513

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 505 Hawthorn Road ST. 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriet Maria Burridge

(a) RESIDENCE NO. 505 Hawthorn Road ST. WARD 27
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Burridge

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~ At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Manchester
(State or country) Michigan

PARENTS

10 NAME OF FATHER Samuel Bleiry

11 BIRTHPLACE OF FATHER (city or town) Rochester (?)
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER — See

13 BIRTHPLACE OF MOTHER (city or town) Rochester (?)
(State or country) N. Y.

14 Informant Mrs. H. D. Jennings
(Address) 505 Hawthorn Rd. Baltimore

15 Filed ..... 19 ..... Registrar

FEB 6 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Feb 3, 1929, that I last saw h[er] alive on Feb 3, 1929 and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis
(Cachexia gastrica, diarrhoea)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Sclerosis Heart Block, Chronic nephritis

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Electrocardiogram Chemical Tests &c

(Signed) Howard Smith Bell M. D.

19 (Address) 122 Rogers St., Belmont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tecumseh, Michigan

DATE OF BURIAL 2/5 1929

20 UNDERTAKER Henry C. Jenkins & Sons Co.

ADDRESS Orchard McCulloh

OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 42514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 42514

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 13-59 Ward)

2-FULL NAME Pasquale Chiapparelli (Jr)

(a) RESIDENCE NO. 2302 Druid Park Drive Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 15 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Pasquale Chiapparelli

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Pizza

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Pasquale Chiapparelli
(Address) 2302 Druid Park Drive

15 Filed Feb 4 1929 19 C. HAMPSON JOHNS M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquery (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquery (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd degree burns of body & face

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2302 Druid Park Drive

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

2/3 . 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 4 1929

20 UNDERTAKER M. W. E. Appleton

ADDRESS 3725 Eastern

U. S.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Mowacka

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42515

E 42515

CERTIFICATE OF DEATH.

9T-002

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Mary Mowacka

(a) RESIDENCE NO. Preston & Valley ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1-1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Andrew Pryksowski

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hedwige Jadwiga

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St

15 Filed FEB 4 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Record, 19 to 19,
that I last saw her alive on Jany 31, 19 27,
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Arteria sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warren, M. D.

Feb 3, 19 27 (Address) 113 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb

DATE OF BURIAL 5 1927

20 UNDERTAKER John M Weiss

ADDRESS 1012 Cherry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42516

CERTIFICATE OF DEATH.

15-21 90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1903 N. Monroe St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Stadnitsky

(a) Residence No. 1903 N. Monroe St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (~~Write the word.~~) M

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ ~~WIFE of~~ Jennie Stadnitsky

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer.....

9-BIRTHPLACE (city or town) Berdytchev (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) J. Lewis

(Address) 1439 E. Baltimore St

15- Filed 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 4 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1929 to Feb. 4, 1929

that I last saw him alive on Feb. 4, 1929

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. H. Isaacs M. D

, 19 (Address) 1912 W. North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Wilson	2-4-, 1929
20-UNDERTAKER, Jack Lewis,	ADDRESS 1439 E. Balto. St

B in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42517

CERTIFICATE OF DEATH.

101-001

E 42517

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2336 Eager Place St. 7-12 Ward)

2-FULL NAME John Kober

(a) RESIDENCE NO. 2336 Eager Place St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Kober

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O

(c) Name of employer United Railways

9 BIRTHPLACE (city or town)_____

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Kober

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Austria

14 Informant Frank Cvach

(Address) 1904 Aisquith Ave

15 Filed FEB 4 1929 19__ C. HARRY O'CONNOR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ___ yrs. 5 mos. 0 ds.

CONTRIBUTORY (Secondary)_____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Walsh M. D.

(Coroner)

2/4/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial 2/6 19 29

20 UNDERTAKER Frank Cvach ADDRESS 1904 Aisquith

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42518

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) 126 N Broadway ST., (WARD) 1 Gr 6

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy M. Smith.

(a) RESIDENCE NO. 2451 Robt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 9 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	24.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George P. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Barbara E. Adelhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. George P. Smith. (Address) 2451 Robt

15 Filed [illegible] 1929 HAMPSON JONES [illegible] D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Feb 3, 1929, that I last saw her alive on Feb 2, 1929 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia following an Upper Respiratory infection

(Duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chr Nephritis.

(duration) yrs 8 mos. ds.

18 Where was disease contracted if not at place of death? at Residence

Did an operation precede death? Dnent

Was there an autopsy?

What test confirmed diagnosis? Clinical & Labont.

(Signed) Dan B. Peeler, M. D.

2/3. 1929 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 5 1929
20 UNDERTAKER	ADDRESS
Henry Hoen & Sons, Inc.	1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Sauerhoff.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42519

CERTIFICATE OF DEATH.

E 42519

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St Josephs Hosp. 22-33 ST., WARD)

REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Sauerhoff

(a) RESIDENCE NO. 813 Gilleain ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lyda E Sauerhoff

6 DATE OF BIRTH (month, day, and year) Nov 12 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8-6

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William H Sauerhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ignata Preis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs William H Sauerhoff (Address)

15 Filed 4 1929 C. HASKELL DAVIS, M. D. Registrar

Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/1929

17 I HEREBY CERTIFY, That I attended deceased from 1/26/29, 19..., to 2/3/29, 19 29.

that I last saw h... alive on 2/2/29, 19...,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

acute appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis and toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/30/29

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. C. Zimmerman M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Feb 6 1929
20 UNDERTAKER John F Denny	ADDRESS 915 Lights

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that i TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—[illegible] Bks.

E 42520 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42520

11-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N Gay ST. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William C. Botsal

(a) RESIDENCE NO. 1615 N Gay ST., WARD

(Usual place of abode)

Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Botsch

6 DATE OF BIRTH (month, day, and year) Sept. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer.

(b) General nature of Industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Crown Laundry.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Botsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Sarah E Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Josephine Botsch

(Address) 1615 N Gay St

15 Filed FEB 4 - 1929 MPC JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to Feb 1st 1929

that I last saw him alive on 2/1, 1929

and that death occurred, on the date stated above, at 6:50 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. 1- ds.

CONTRIBUTORY (Secondary) Influenzal Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) David Mellon, M. D.

2/3, 1929 (Address) 1500 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Feb 5th 1929
20 UNDERTAKER	ADDRESS
Geo M. Frick Son	811 Hanover

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42521

CERTIFICATE OF DEATH.

49 E 42521

REGISTERED NO. 90-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2660 West Franklin St. ST. 10th WARD)

2-FULL NAME Doris L. Ritenour

(a) RESIDENCE NO. 2660 West Franklin ST. ST., WARD 10th.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Stewart

11 BIRTHPLACE OF FATHER (city or town) Toms Brook, Va.
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Price

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Elsie Ritenour
(Address)

15 Filed C. HARRY JONES, M. D. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from June 22nd, 1926, to January 25 1929, that I last saw her alive on January 25 1929, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Glioma of retina with metastasis to glands, face, neck, fibula & muscles of leg

(duration) 2 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) cachexia & metastasis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? 1009 W 37th St.

Did an operation precede death? Yes Date of June 1st '28

Was there an autopsy? Partial

What test confirmed diagnosis? Microscopic

(Signed) Laura A. Lane, M. D.

19 (Address) Box 128 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb. 4, 1929

20 UNDERTAKER Bernard A. Fink — ADDRESS 734 Poplar Grove St

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 42522 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42522

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST., 7-4 WARD)

2-FULL NAME Rudolf Klaus

(a) RESIDENCE NO. 163 Gaines ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water Tender 086

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Seaman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Estonia

PARENTS

10 NAME OF FATHER Thomas Klaus.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Estonia

12 MAIDEN NAME OF MOTHER Louisa Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Estonia

14 Informant
(Address)

15 Filed FEB 4 1929 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 . 1929 . to Feb 2 . 1929 . that I last saw him alive on Feb 2 . 1929 . and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 8 ... ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ... yrs. ... mos. 1 ... ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of ...

Was there an autopsy? —

What test confirmed diagnosis? Bacteriology & Clinical findings

(Signed) Houston J. Foster, M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Wary's Cemetery — DATE OF BURIAL Feb. 5, 1929

UNDERTAKER E. Lloyd Steffler — ADDRESS 125 E. North Ave.

mation should be carefully supplied. Avoid abbreviations. Write plainly. Use ink. Do not use lead pencil. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 42523 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42523

CERTIFICATE OF DEATH. X 101-8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hospital ST., 9 WARD)

REGISTERED NO. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis H Ditarde

(a) RESIDENCE NO. 428 - West Norris ST., WARD Philadelphia Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ——yrs —— mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8, 1907 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Able Seaman

(b) General nature of Industry, business, or establishment in which employed (or employer) U S Coast Guard

(c) Name of employer U S Treasury Department

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Penna

PARENTS

10 NAME OF FATHER Henry A Ditarde

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Penna

12 MAIDEN NAME OF MOTHER Caroline Yost

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia
(State or country) Penna

14 Informant Father
(Address) 428 - W Norris Pa Phila

15 Filed FEB 4 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb 4, 1929, that I last saw h alive on Feb 4, 1929, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Type 4
(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? U S Coast Guard

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Bradley D Hatfield M. D.

2/4, 1929 (Address) U S Marine Hospital

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Penna.	Feb 7 1929
20 UNDERTAKER E. LeRoy Stifflet	ADDRESS 120 E North ave

mation should be carefully ... CAUSE OF DEATH in ... TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ... it may be properly classified. ... that it ...

Spec.—12-9-25—A Co.—200 Bks.

E 42524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42524

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N Fulton Ave St. 20-27 Ward)

2-FULL NAME Miss Agnes Baker.

(a) RESIDENCE NO. Home for the aged of the M. E. Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ½ yrs. Lifetime (If non-resident give city or town and State)

(In U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 14. 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	4	14 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Baker.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jane Fitzgerald.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Etta Leadley

(Address) 400 N Fulton Ave

15 Filed ....., 19.... C. HAMPTON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 2 1929 19

17 I HEREBY CERTIFY, That I attended deceased from Jany 28 1929, to Febry 2 1929, that I last saw h.. alive on Febry 1st 1929, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) Hepatitis Chronic

(duration) 3 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo L Shannon, M. D.

2/3, 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western cemetery Date of Burial Feb 6 1929

UNDERTAKER George Smith ADDRESS 1537 Hollins St

B 4 1929

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42525 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42525

CERTIFICATE OF DEATH

1—PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 57

CITY OF BALTIMORE: (No. Balto Md ST., 123 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Madeline Di Matteo

(a) RESIDENCE NO. 904 Hanover Alley ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 3 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Adolph DiMatteo

6 DATE OF BIRTH (month, day, and year) Oct. 6th 1904

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Dunnigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bessie Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hospitals
(Address) Balto Md.

15 Filed Dec 5 1929 C. BAMBERGER, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2-29

17 I HEREBY CERTIFY, That I attended deceased from 12-11-1928 to 12-2-1929 that I last saw h[illegible] alive on 12-2-1929 and that death occurred, on the date stated above, at 10.21 A. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis w/ Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Goodman M. D.

. 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks Cemetery	Dec 5 1929
20 UNDERTAKER Lilly & Geiler Inc	ADDRESS 403 S. Wolfe St

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. Louisa Robinson

E 42526 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42526

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1017 Warner 24-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louisa Robinson

(a) Residence No. 1017 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if not foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Robinson

6-DATE OF BIRTH (month, day and year) Unk

7-AGE. 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. —

(b) General nature of industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). —

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). —

14- (Informant) William Meekins

(Address) 1017 Warner St

15- Filed ..... 192 .....

C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 2 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Feb 2 1929 that I last saw h alive on Feb 2 1929 and that death occurred, on the date stated above, at Col, on The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) C. Thomas

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. Howard M. D.

Feb. 19 29 (Address) 712 E Fayette St

*State the **Disease Causing Death**, or In deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn — DATE OF BURIAL. Feb 5 1929

20-UNDERTAKER. J. H. Brown & Son — ADDRESS 1020 Monday

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42527

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. John Townsend ST., 18-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME 419 No. Carrollton

(a) RESIDENCE NO. ..... ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

11 Informant Records ?

(Address) BALTIMORE CITY HOSPITALS

15 Filed 2-4 1929 C. H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-29

17 I HEREBY CERTIFY, That I attended deceased from 1-21 1929, to 2-2 1929, that I last saw h alive on 2-2 1929, and that death occurred, on the date stated above, at 3:15 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray & Laboratory

(Signed) H. W. ... M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dresden Md Carolina Co

DATE OF BURIAL 2-4 1929

20 UNDERTAKER Samuel Eaton

ADDRESS 916 Ca ave

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 42528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas L. Brown

(a) RESIDENCE NO. Rockymount N.C. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Brown

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) & N. C.

(State or country)

14 Informant T. F. Daniel

(Address) Rockymount N.C.

15 Filed ..... 19.....

Registrar

FEB 4 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. C. Lamb (Coroner) M. D.

(Address) Feb 4/1929 Nash Co N C

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rocky Mount N.C. Date of Burial 2/4/ 1929

20 UNDERTAKER Bynum Wright ADDRESS 1218 McBee Ave

tion should be carefully supplied. AGE should be stated
OF DEATH in plain terms, so that it may be properly
very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 42529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42529

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 8-45 (West)

2-FULL NAME Charles Anzula

(a) RESIDENCE NO. 2833 Erdman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
65	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Charles Anzula

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania

14 Informant Joseph J. Anzula

(Address) 2833 Erdman Ave, Balto, Md.

15 Filed FEB 4 1929 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration
Chr. Bronchitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(Autopsy at Hospital) 2 yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

2/4/29 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 2/6 1929

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Ave

E B 4-1929

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42530 — CERTIFICATE OF DEATH — 31 — E 42530

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1123 N. Milton Av. ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie A. Fiege.

(a) RESIDENCE NO. 1123 N. Milton Ave. (Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Fiege,

6 DATE OF BIRTH (month, day, and year): March 4 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frank X. Madigan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Ella V. Egan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt.

14 Informant: Charles H. Fiege

(Address) 1123 N. Milton Ave

15 Filed FEB 4 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 29

17 I HEREBY CERTIFY, That I attended deceased from June 27 19 29 to Feb 3 19 29

that I last saw h[illegible] alive on Feb 2 29 19

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Subacute Leukemia

(duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. J. Eppy M. D.

2/4/29 (Address) 622 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 2 6 1929

20 UNDERTAKER: Geo. F. Pohl

ADDRESS: 1735 Harford Ave

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42531

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. 25th ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Regina Cummings

(a) RESIDENCE NO. 416 E. 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if foreign birth? - - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ___hrs. or ___min.
	34	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Lawrence W. Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary A. Donahue

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Miss Mary E. Cummings

(Address) 416 E. 25th Street

15 Filed 4 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to 2/2, 1929

that I last saw h[er] alive on 2/1, 1929

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy Examination

(Signed) J. J. O'Meara M. D.

2/3, 1929 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/5 1929
20 UNDERTAKER Henry U. Mears and Son	ADDRESS 503 N. Calvert

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42532

CERTIFICATE OF DEATH.

44 E 42532

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 24-2nd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Fergus

(a) RESIDENCE NO. 1641 Belt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McGovern Fergus

6 DATE OF BIRTH (month, day and year) Febr 13. 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	35	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER McGarry Fergus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mint Knows

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary Fergus wife (Address) 1641 Belt ave

15 Filed FEB 4 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-29, 1929, to 2-2, 1929, that I last saw him alive on 2-2, 1929 and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Shock from operation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? yes Date of Feb 1 1929

Was there an autopsy? ~~No~~ Yes

What test confirmed diagnosis? Operation & Laboratory

(Signed) Nicholas P Bonnell jr, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Feb 5. 1929

20 UNDERTAKER Margaret S. Fagan ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of occupation is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 42533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42533

CERTIFICATE OF DEATH.

99-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1672 Darley Ave ST. 8-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalene Williamson

(a) RESIDENCE NO. 1672 Darley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James Williamson

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marburg Germany

PARENTS

10 NAME OF FATHER Jost Grebe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Marburg Germany

12 MAIDEN NAME OF MOTHER Elizabeth Grebe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Marburg Germany

14 Informant L. Grebe (Brother)

(Address) 1622 Darley Ave

Filed FEB 4 1929 C. HARRISON Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb. 2, 1929,

that I last saw her alive on Feb. 2, 1929

and that death occurred, on the date stated above, at 2.30 P. m

The CAUSE OF DEATH* was as follows:

Letronic Bronchitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav C Thieme, M. D.

19 (Address) 16 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park.

DATE OF BURIAL: Feb. 5 1929

20 UNDERTAKER: F. A. Krauss & Son

ADDRESS: 763 Hanover

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42534

CERTIFICATE OF DEATH.

145-003 E 42534

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST. 15-61 WARD)

2-FULL NAME Mrs Margaret Fuel

(a) RESIDENCE No. 3111 Sequoia Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. P. Fuel

6 DATE OF BIRTH (month, day, and year) June 2-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	8	0	
	33	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Patrick Phelan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Flynn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Mr. Fuel
(Address) 3111 Sequoia ave

15 Filed ... 19... [illegible] M. D.
Registrar

B 4-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I attended deceased from July 23, 19 28, to Feb 2, 19 29.

that I last saw h... alive on Feb 2, 19 29.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy - cardiac
Pulmonary
Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms.

(Signed) Lemuel B. Smith, M. D.

, 19 (Address) 909 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb. 5, 1929

20 UNDERTAKER John A. Moran — ADDRESS 3500 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42535 E 42535

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. [redacted]

CITY OF BALTIMORE: (No. [redacted] ST., 17 (WARD) 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Plummer

(a) RESIDENCE No. 306 E 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hubert L. Plummer

6 DATE OF BIRTH (month, day, and year) Nov 11-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	60	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Rock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records Dept. (Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 4 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1929, to 2-3, 1929, that I last saw her alive on 2-3, 1929, and that death occurred, on the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. W. Mackenzie, M. D.

2-4-1929 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cullen Co.	Feb 5 1929
20 UNDERTAKER	ADDRESS
Sam'l H. Chase & Son	1400 M[illegible]

SEE INSTRUCTION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42536

CERTIFICATE OF DEATH.

31

E 42536
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2102 Hollins St. 70-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Steinman

(a) RESIDENCE NO 2102 Hollins St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith B. Steinman

6 DATE OF BIRTH (month, day, and year): Sept. 12-1878

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
50	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Lunch Room
(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto.
(State or country): Md.

PARENTS

10 NAME OF FATHER: August Steinman
11 BIRTHPLACE OF FATHER (city or town): Balto.
(State or country): Md.
12 MAIDEN NAME OF MOTHER: Catherine Unmuth
13 BIRTHPLACE OF MOTHER (city or town): Germany
(State or country): Germany

14 Informant: George W. Steinman
(Address): 2102 Hollins St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 2- 1929

17 I HEREBY CERTIFY, That I attended deceased from July 22 ..... 19 28 ..... to February 2 ..... 19 29 ..... that I last saw h.. alive on February 1 ..... 19 29 ..... and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(duration) one yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) ..... M. D.
Feb 3, 1929 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Nat. Cathedral Cemetery Date of Burial Feb. 5 1929

20 UNDERTAKER: George L. Schwab ADDRESS: 2101 Eutaw Ave.

OF DEATH in plain terms, so that it may be properly classified. EXACT STREET OF RESIDENCE is very important. See instructions on back of certificates.

3 4 1929 C. [illegible] M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 42537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 101-001 E 42537

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST. 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A Young Miller

(a) RESIDENCE NO. Ridgewood Rd ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 9, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Leadville, Colorado (State or country)

PARENTS

10 NAME OF FATHER Nathaniel Young

11 BIRTHPLACE OF FATHER (city or town) New York City (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Anna Walsh

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn (State or country) New York

14 Informant (sister) Mrs. Douglass Burnett (Address) Ridgewood Md

15 Filed: ..... 19.. H. A. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-31, 1929, to 2-4 1929, that I last saw her alive on 2-4, 1929 and that death occurred, on the date stated above, at 6 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at his home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Nicholas A Bonelli, M. D.

2/4, 1929 Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn, New York DATE OF BURIAL Feb. 6 1929

20 UNDERTAKER [illegible] ADDRESS 1003 West Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 4 1929

Cor.—12-9-25—A Co.—200 Bks.

E 42538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 42538

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 15-68 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Coleman, Jr.

(a) RESIDENCE NO. 2142 Walbrook Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 6, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Coleman

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Mackin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Miss Mollie L. Coleman

(Address) 2142 Walbrook Avenue

15 Filed ..... 19 ..... Registrar

FEB 4 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Leues

(duration) 10 yrs. mos. ds.

(Signed) J. H. Coleman, M. D.

(Coroner)

19 (Address) 508 E. North Avenue 2/2/29

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Feb. 4 1929

20 UNDERTAKER Joseph Cook ADDRESS 1005 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 42539 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 42539

CERTIFICATE OF DEATH.

91-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N.Broadway ST. 8-17 WARD).

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. Allard

(a) RESIDENCE NO. 1401 N.Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily M. Allard

6 DATE OF BIRTH (month, day, and year) Nov.20,1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	83	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Allard

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Edward D. Allard

(Address) 1401 N.Broadway

15 Filed FEB 4 - 1929 G. Harry Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10th 1928 to Feb 2nd 1929 that I last saw h[illegible] alive on Jany 30th 1929 and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

a Intra Cerebral

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Jones, M. D.

Feby 4, 1929 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb 5 1929

UNDERTAKER John F. Denny

ADDRESS 1 S Eutaw St

CAUSE OF DEATH: See instructions on back of certificate. ATTENTION is very important

Spec.—1-12-23—M&T—500 Blks.

E 42540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 42540

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Old York Road ST. 9-46 WARD)

2-FULL NAME Albert E. Stinefelt

(a) RESIDENCE NO. 3414 Old York Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret M. Stinefelt

6 DATE OF BIRTH (month, day, and year) Feby 6- 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Runner
(b) General nature of Industry, business, or establishment in which employed (or employer) Railway
(c) Name of employer United Railways Co.

9 BIRTHPLACE (city or town) (State or country) Freeland, Md.

PARENTS

10 NAME OF FATHER Bernard Stinefelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Stricker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. Jerome Stinefelt, ? 405 Lake Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Abt 3 yrs. to abt 2 mos a.m., that I last saw h[illegible] alive on abt 2 mos a.m., and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
(Contributory)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. Riley, M. D.

Feb 4, 1929 (Address) 1639 Bremerton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feby. 6, 1929.

20 UNDERTAKER Edgar W. Conkling ADDRESS 924 Eager St

CAUSE OF DEATH. See instructions on back of certificates.
TION is very important

FEB 4 1929 HAMPDEN DIST. D

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 42541

REGISTERED NO.

E 42541
1-PLACE OF DEATH

City of BALTIMORE: (No. 400 E. Preston St. St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Hagerty

(a) RESIDENCE NO. 400 E. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): About 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Hagerty

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah O'Neill

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Ireland

14
Informant John Hagerty
(Address) 400 E. Preston St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2d 19 29

17 I HEREBY CERTIFY, That I attended deceased from Nov 1928, to Jan Feb 1. 1929
that I last saw h alive on Jan 31, 1929
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. 6 mos. ds.

18 Where was disease contracted
If not at place of death!
Did an operation precede death! No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) Wm P Teague, M. D.
Feb 3. 1929 (Address) 2 Osler Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 2/5/29 19

20 UNDERTAKER: Chas S. Kraus & Son — ADDRESS 1180 W. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. EARLY Statement of very important. See instructions on back of certificates.

R A 1929 C. H. K. [illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 42542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42542

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Toher

(a) RESIDENCE NO. 2209 Ellamont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Toher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Percy J. McConnell

(Address) 2209 Ellamont St

15 Filed FEB 4 1929 19 H. A. Kirk M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows)

Bronchopneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Gallagher M. D.

(Coroner)

2/2/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 2/5 1929

UNDERTAKER Chas. F. Wannenmacher Son ADDRESS 118 Mont Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Wilmot ST. 10-14 WARD)

REGISTERED NO. E 42543

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ann Murphy

(a) RESIDENCE NO. 808 Wilmot ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Murphy

6 DATE OF BIRTH (month, day, and year) Nov. 16 1854

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Thompson

(Address) 1707 Wilmot st

15 Filed FEB 4 1929, [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 31, 1929

that I last saw h[illegible] alive on Jan 31, 1929

and that death occurred, on the date stated above, at 4 9. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

2/3, 1929 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Feb. 5 1929
20 UNDERTAKER	ADDRESS
William J. Schaeffer	1816 Monument

Important. See instructions on [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42544

CERTIFICATE OF DEATH.

E 42544

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Farrell

(a) RESIDENCE NO. Preston & Valley ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 14 Dec 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Micheal Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Kinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

Filed FEB 4 - 1929 HAMILTON JONES, M. D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from Prevd 19 to 19,
that I last saw him alive on Feby 3 1929,
and that death occurred, on the date stated above, at 8 a m.
The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Albarus, M. D.
Feb 4, 1929 (Address) 1122 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmount Ave

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. Shirley L. Kurtz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42545

CERTIFICATE OF DEATH

11-001 ✓ E 42545

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 913 Washington Blvd. ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Shirley L. Kurtz

(a) RESIDENCE NO. 913 Washington Blvd. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry A. Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ruth K. Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Henry A. Kurtz

(Address) 913 Washington Blvd.

15 Filed B 4 1929, 19 H. Kurtz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 19 29, to Feb. 2, 19 29,

that I last saw h er alive on Feb. 1, 19 29

and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

Pneumonia (Bronchial) (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) M. D.

2/4, 19 29 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Feb 5 1929
20 UNDERTAKER	ADDRESS
Wm. & Jas. John H. Teufel & Son	611 N. Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42546

CERTIFICATE OF DEATH.

188-001

E 42546

1-PLACE OF DEATH

City of BALTIMORE: (No. Annapolis Ave & B to R R 25-3 Ward)

2-FULL NAME Walter L Wehberg

(a) RESIDENCE NO. 2300 Annapolis Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Jos H. Wehberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.

12 MAIDEN NAME OF MOTHER Lillian Davell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Lillian Wehberg

(Address) 2123 Maisel St.

15 Filed....., 19.. A. M. P. M. Issued....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to L death on the day stated above.

The CAUSE OF DEATH was as follows:

Struck by B to O R R train

Skull fracture & hypostasis internally

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas H Brosius M. D.

(Coroner) Sp. Dist

2/4 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laudan Park Cem. Date of Burial 2/6 1929

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Fill spaces of deceased. very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42547

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 26-11 Ward)

2-FULL NAME Geo Wacker

(a) RESIDENCE NO. 3245 Phila Rd St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

1929 E 42547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Wacker

6 DATE OF BIRTH (month, day, and year) Feb 21-1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labour.
(b) General nature of industry, business, or establishment in which employed (or employer) Ford Balto County
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George Wacker

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Barbara Wacker
(Address) 3245 Phila Rd.

15 Filed ..... 19 ..... Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1- 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Fractures of Skull & Brain
Gunshot Wound (duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

Did test confirm diagnosis? .....

(Signed) H C Gladden M. D.

(Address) 432 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Feb 5 1929
20 UNDERTAKER Thos C Miller & Son	ADDRESS 2334 E Fayette St

FEB 4 - 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 42548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42548

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 6-10 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Diefenbach

(a) RESIDENCE NO. 2113 Moyer ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? 52 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced BUSBAND of ~~(or) WIFE of~~ Minnie Diefenbach

6 DATE OF BIRTH (month, day, and year) Jan 31-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work File Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 009

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Diefenbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M. Siegel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minn Diefenbach

(Address) 2113 Moyer St

15 Filed FEB 4 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1929, to Feb. 3, 1929, that I last saw h.. alive on Feb 3, 1929 and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic C.V. Disease.
Myocardial Insufficiency.
Edema Failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia & Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) W. H. Varney, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 6 1929
21 UNDERTAKER	ADDRESS
Chas C Miller & Son	2334 Jefferson

Important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42549

84 E 42549

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Cordelia Ter ST., 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Johnston

(a) RESIDENCE NO. 5010 Cordelia Ter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city oc town where death occucred 23 yrs. mos. ds. How long in U. S., If foceign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Macried, Widowed, or Divorced, (write the word)
Female	White	widow

5a If marcied, widowed, or divorced, WIFE of (or) HUSBAND of William E. Johnston

6 DATE OF BIRTH (month, day, and year) May 22, 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. oc min.
72	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, pcofession oc particular kind of work Housework.

(b) General nature of industry, business, oc establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Indiana.
(State oc countcy)

PARENTS

10 NAME OF FATHER Charles Pomroy

11 BIRTHPLACE OF FATHER (city oc town) Unknown
(State oc country)

12 MAIDEN NAME OF MOTHER Eliza Lamme

13 BIRTHPLACE OF MOTHER (city oc town)
(State or country) Unknown

14 Informant Edith L. Johnston
(Address) 5010 Cordelia Ter

15 Filed C. 1929. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and yeac) Feb 3, 1929.

17 I HEREBY CERTIFY, That I attended deceased from 1/24, 1929, to 2/3, 1929.

that I last saw h. alive on 2/2, 1929

and that death occurred, on the date stated above, at 4½ a. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Sen. Arteriosclerosis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confiemed diagnosis? Examination

(Signed) F. A. Sigrist, M. D.

, 19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natuce of Injury, and (2) whether Accidental, Suicidal, oc Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Edmondson Son

ADDRESS 715 Chestnut Ave

IMPORTANT.—See instructions on back of Certificate.

FEB 4 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E42550 HEALTH DEPARTMENT—CITY OF BALTIMORE 16 E42550

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 404 N Eden ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby James

(a) RESIDENCE NO. 404 N Eden ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-31-29

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs or min.
				5 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles James

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Maria James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant

(Address)

15 Filed 19 Registrar

3215

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-29

17 I HEREBY CERTIFY, That I attended deceased from 1-31 . 1929 . to 2-1 . 1929 that I last saw h alive on 2-1 . 1929 and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Premature (1½ to 7 months)

(duration) yrs. mns. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

2-1 . 1929 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42551

CERTIFICATE OF DEATH.

90 E 42551

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1425 Penna Ave. Ward) 4-20

2-FULL NAME Geo W. Blue

(a) RESIDENCE NO. 1425 Penna Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Blue

6 DATE OF BIRTH (month, day and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 0 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Pauline J Blue

(Address) 1425 Penna Ave

15 Filed Feb 2 1929 Registrar

3214

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 1st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Guth M. D.
(Coroner)

Feb 2 1929 (Address) North Ave & Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 V

CERTIFICATE OF DEATH

E 42552

E 42552

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geo Washington

(a) RESIDENCE NO. 6202 Wall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Don't Know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed FEB 4 - 1929 Registered by [illegible], M. D. Registrar

3218

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-29.

17

I HEREBY CERTIFY, That I attended deceased from 11-14, 1928, to 1-11, 1929

that I last saw h alive on 1-11, 1929

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b) Influenza

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? Hospital
If not at place of death?

Did an operation precede death? yes Date of 12-10-28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) B. Fraser M. D.

2-1, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

Important. See instructions on back of page before writing.

UNIVERSITY OF MARYLAND ... 1929

Spec.—1-10-21—M&T—1500 Bks.

E 42553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 42553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1920 Hilldale ST. 20-28 WARD)

2-FULL NAME Edward F. Gainor

(a) RESIDENCE No. 1920 Hilldale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced (Of) HUSBAND of (or) WIFE of Emma E Gainor

6 DATE OF BIRTH (month, day, and year) April 17 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Painter 0 50

(c) Name of employer United Railways Co

9 BIRTHPLACE (city or town) (State or country) Hinchester Va

PARENTS

10 NAME OF FATHER James H Gainor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Vinnie Gainor (Address) 1920 Hilldale St

15 Filed FEB 4 1929 HARRY S. JAMES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16. 1929. to Feb 4. 1929. that I last saw him alive on Feb 2 1929 and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Renal yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C E Buxton, M. D.

2/4, 1929 (Address) 301 East Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Feb 7th 1929

20 UNDERTAKER Joseph Cook ADDRESS 1003 W. Lafa St.

CAUSE OF DEATH in plain terms, so that TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42554

111-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St. (Ward) 70-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Adam Bock

(a) RESIDENCE NO. 421 S. Smallwood ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha I. Bock

6 DATE OF BIRTH (month, day, and year): April 1, 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Koester Bakery Co.

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Karl Bock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungery

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Bertha Bock

(Address) 421 S. Smallwood St

15 Filed FEB 4 1929 H. Ray Yours M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-4, 1929

that I last saw him alive on 2-4, 1929

and that death occurred, on the date stated above, at 10. a. m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer + Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At his home.

Did an operation precede death? yes Date of 1/30/29

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Nicholas M Bonelle, M. D.

2/4, 1929 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Feb. 7 1929

20 UNDERTAKER: Joseph Bock

ADDRESS 1003 West Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42555

E 42555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 197

City of BALTIMORE: (No. St. Joseph Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Esposito

(a) RESIDENCE NO. 311 S. High St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Esposito

6 DATE OF BIRTH (month, day, and year) Apr 8/1895

7 AGE	Years	Months	Days 24	IF LESS than 1 day ..... hrs. or ..... min.
	33	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'H O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Gennaro Esposito

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Wife

(Address) 311 S. High St

15 Filed FEB 4 1929 C. Hall Bligh St Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to shot gun wound of left arm involving chest & lung (Homicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Collins, M. D. (Coroner)

2/2/29 (Address) 509 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Feb. 5 1929

20 UNDERTAKER Wendell J. Lippel ADDRESS 500 Eden

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 42556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42556

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. [redacted] ST. 44-20 WARD)

2-FULL NAME George Gross

(a) RESIDENCE NO. 1408 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Hester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] 19 [illegible] Registrar

B 5 1929 Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-26 1929 to 2-1 1929

that I last saw him alive on 2-1 1929

and that death occurred, on the date stated above, at 4-30 A m.

The CAUSE OF DEATH* was as follows: Broncho - Pneumonia

(Duration) yrs. mos 3 ds

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (Duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hospital Rec

(Signed) W. H. Hurst M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 2-5 1929

20 UNDERTAKER Daniel Carbon — ADDRESS 916 Penna Ave

TION is very important See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 42557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 001 E 42557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 414 E 22 1/2 St. 12-50 Ward)

2-FULL NAME Martha V. Spriggs

(a) RESIDENCE NO. 414 E. 22 1/2 St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14-1928

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work no
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country) Md.

PARENTS

10 NAME OF FATHER Moses Spriggs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Short

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Martha Spriggs
(Address) 414 E 22 1/2 St.

15 Filed FEB 5 1929 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. J. Morrison, M. D.

2/4, 1929 (Address) 3622 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	2-5 1929
20 UNDERTAKER	ADDRESS
Daniel Upton	Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

E 42558

1—PLACE OF DEATH Md General Hosp

CITY OF BALTIMORE: (No. Howard & Madison ST., 11-69 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Clara E Miller

(a) RESIDENCE NO. 312 S. Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): Nov 11 1877

7 AGE: 51 Years 2 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Philip Toney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Hospital Record (Address)

15 Filed 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 . 1929 . to Feb 4 . 1929 . that I last saw h er alive on Feb 4 . 1929 and that death occurred, on the date stated above, at 8 ~~ Am.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Acute Cholecystitis

Acute Appendicitis

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 2 ds.

Did an operation precede death? Yes Date of Feb 2, 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) [illegible] Rutzebruch M. D.

Feb 4, 1929 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem DATE OF BURIAL: Feb 7 1929

20 UNDERTAKER: Robert Parkinson ADDRESS: Calhoun Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

E 42559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 42559

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Harford ave ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph E Threatt

(a) RESIDENCE NO. 818 Harford ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Threatt

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor gen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) V.a

PARENTS

10 NAME OF FATHER John Threatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) V.a

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Leona Threatt

(Address) 818 Harford ave

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2-1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to July 1, 1929, that I last saw h... alive on July 1 - , 1929 and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Left hemiplegia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Prior Cerebral hemorrhage Left hemiplegia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Chas J Keller, M. D.

7/4, 1929 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	July 6 1929
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 42560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N Dallard St. 6-9 Ward)

2-FULL NAME Fannie Green

(a) RESIDENCE NO. 235 N Dallard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 wks yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Green

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
41	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER James Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Frances Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Matilda Johnson (aunt) (Address) 235 N Dallard

15 Filed FEB 5 - 1929 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) (Feb 3) 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Feb 3, 1929, that I last saw h alive on Feb 3, 1929, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

(1st) Hydro Thorax

(due to Metastasis of Carcinoma Breast) 3 wks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Breast (Post partum) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 14 ago

Was there an autopsy? no

What test confirmed diagnosis? Physical ex X Ray

(Signed) R [illegible] M. D.

2/4, 1929 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockingham N.C. DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans st

CAUSE OF DEATH. See back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 42561

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N. Fulton Ave. 5-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Lana Harding

(a) RESIDENCE NO. 1313 N. Fulton Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Norman B. Harding

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Washington Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Julia Ogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

14 Informant Edna Harding

(Address) 1313 N. Fulton Ave.

15 Filed FEB 5 - 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1929

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1919, to Feb. 3, 1929, that I last saw he alive on Feb. 3, 1929 and that death occurred, on the date stated above, at 2 10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) John D. Quinn, M. D.

2/4, 1929 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olive Frederick	Feb 7 1929
20 UNDERTAKER	ADDRESS
Mr - Mrs A S Finck	2572 Hollins Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 42562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-28 ✓ E 42562

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 846 Hampsun ST. (WARD) 11-20

2-FULL NAME Mamie Smith

(a) RESIDENCE. No. 846 Hampsun ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) DEC 30-1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School girl
(h) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Dan'l Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helen Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Helen Smith
(Address) 846 Hampsun

15 Filed FEB 5 1928. H. [illegible], Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 — 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 4, 1929, that I last saw her alive on Feb 3, 1929, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows: Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cyan

(Signed) W. T. Coleman M. D.

(Address) 2034 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Zion Cem Feb 6 1929

20 UNDERTAKER — ADDRESS

Wm H Chase Sr 1400 Mosher

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42563 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 E 42563

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ~~Bonita~~ 1725 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Bonita~~ Mary Nakel

(a) RESIDENCE NO. 510 St Mary ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 70 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(h) General nature of industry, business, or establishment in which employed (or employer): Ocl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Fanny Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Friends

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-2 1929

17

I HEREBY CERTIFY, That I attended deceased from 2-1, 1928, to 2-2, 1929, that I last saw h[illegible] alive on 2-2, 1929, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension, arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H. M. Hick, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 2/2 1929

20 UNDERTAKER: Samuel Hensley — ADDRESS 578 W Baltimore

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 11-0 E 42564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Winchester St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Jones

(a) RESIDENCE NO. Washington D.C. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Jones

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jonas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Matilda Jones (Address) 1113 Winchester St.

15 Filed 1929 C. BAXTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/1 1929, to 2/21 1929, that I last saw h. alive on 2/21 1929, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

2/24 1929 (Signed) A. Lee Ellis, M. D.

(Address) 624 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 2/25 1929

20 UNDERTAKER Samuel Kemsley ADDRESS 178 N. Bond St.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42565

CERTIFICATE OF DEATH

101-001

E 42565

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Wallbrook Ave. (STREET) 45-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emily Whitney Pearson

(a) RESIDENCE NO. 3408 Wallbrook Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin V. Pearson

6 DATE OF BIRTH (month, day, and year) Dec 1. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	72	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Niagara Falls (State or country) N.Y.

PARENTS

10 NAME OF FATHER ? Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Gardner C. Pearson

(Address) 3408 Wallbrook Ave.

15 Filed FEB 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 4, 1929, that I last saw h[illegible] alive on Feb 4, 1929, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia both lungs

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) Dr. H. Pearce M. D.

Feb 5, 1929 (Address) 2105 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Niagara Falls N.Y. DATE OF BURIAL Feb 9 1929

20 UNDERTAKER O'Neill Pickett Rawls ADDRESS Forest Pl.

Spec.—1-12-23—M&T—500 Bks.

E 42566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital ST. (WARD)

2-FULL NAME Thomas N. Chambers

(a) RESIDENCE NO. 2548 W. Pratt ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of

6 DATE OF BIRTH (month, day, and year) June 23, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
(64)	64	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland.

PARENTS

10 NAME OF FATHER John S. Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Maryland.

12 MAIDEN NAME OF MOTHER Mary E Hyde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Maryland.

14 Informant Mrs Sophia L Chambers (Address) 2548 W. Pratt St

15 Filed FEB 5 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1929, to Feb 3 1929

that I last saw him alive on Feb 3 1929

and that death occurred, on the date stated above, at 1.50 a m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertrophied prostate

(duration) 1 yrs mos ds

CONTRIBUTORY (Secondary)

uremia (duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Paul Schreiber, M. D.

2/3, 1929 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Feb. 5 1929

20 UNDERTAKER J. J. Jackson Sons — ADDRESS North Ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24001

E 42567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Braddish St. 15-60 WARD)

2—FULL NAME Benjamin Franklin Breyer

(a) RESIDENCE NO. 1712 Braddish Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Breyer

6 DATE OF BIRTH (month, day, and year): Sept 1 1859

7 AGE: Years 69 | Months 4 5 | Days 4 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crossing Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): W. M. R Road

(c) Name of employer

062

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Ferdinand Breyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Kitzmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Nannah F. Breyer

(Address): 1712 Braddish Ave

15 Filed ... 19... Registrar

FEB 5 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1929, to Feb 4, 1929, that I last saw him alive on Feb. 4, 1929, and that death occurred, on the date stated above, at 1 30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. R. O'Malley M.D.

19... (Address) 2757 W. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Union Cemetery Same as

DATE OF BURIAL: Feb 7 1929

20 UNDERTAKER: Jos Foerderer & Son

ADDRESS: 2178 S. Pace

Spec.—1-10-21—M&T—1500 Blks.

E 42568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 42568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Echodale Ave., Raspeburg ST. 27-44 27th WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda J. Wagner

(a) RESIDENCE NO. 3803 Echodale Ave., Raspeburg ST. 27th WARD

(Usual place of abode)

Length of residence in city or town where death occurred All her life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter F. Wagner

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1896

7 AGE Years	Months	Days	If LESS than 1 day,... hrs. or min.
32	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard F. Gehring

11 BIRTHPLACE OF FATHER (city or town) Hanover (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Luecking

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14

Informant Walter F. Wagner

(Address) 3803 Echodale Ave., Raspeburg

15

Filed —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 19 29

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 19 29, to Feb. 3, 19 29,

that I last saw her alive on Feb. 3, 19 29,

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (probably not Pneumococcus infection)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson M. D.

2/4, 19 29 (Address) 6715 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 6 1929
20 UNDERTAKER	ADDRESS
Frederick Lenhardt	Fullerton

CAUSE OF DEATH. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 42569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42569

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Kolb Ave. Respeburg ST. 21-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNIE V. BURTON

(a) RESIDENCE No. 4215 Kolb Ave., Respeburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifes. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Burton

6 DATE OF BIRTH (month, day, and year) Nov. 11th. 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John E. Roder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Hopps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Long
(Address) 4215 Kolb Avenue

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd, 19 29

17 I HEREBY CERTIFY, That I attended deceased from 1/10/29 to 2/3/29, 19 , that I last saw h alive on 2/3/29, 19 , and that death occurred, on the date stated above, at 5:05 P. m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

CONTRIBUTORY (Secondary) (duration) yrs. Drake, Legor Gan mos ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds. 2 years ago

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine, Sugar, Acetone

(Signed) Wm. F. Cozad M. D.
2/4, 19 29 (Address) Corner Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Feb. 6 1929
20 UNDERTAKER	ADDRESS
Frederick Leonhardt	Fullerton

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42570

CERTIFICATE OF DEATH

90 E 42570

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3115 Leeds ST., 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Thomas

(a) RESIDENCE NO. 3115 Leeds ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Louis Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sapphire Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edward W. Thomas.
(Address) 3115 Leeds st.

15 Filed FEB 5 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/29

17 I HEREBY CERTIFY, That I attended deceased from 1/18/, 1929, to 2/2/, 1929

that I last saw him alive on 2/2/, 1929

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Howard [illegible] M. D.

, 19 29 (Address) 912 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Feb. 5, 1929.

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1205 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

E 42571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 42571

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) John Hopkins Hospital (Ward) 13

2-FULL NAME Earl Carnish

(a) RESIDENCE NO. 1715 Barnes St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Carnish

6 DATE OF BIRTH (month, day, and year): Jun 2 1891

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
38	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. H. Carnish

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Jane Collins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md.

14 Informant: Jane Carnish

(Address) 1715 Barnes st.

Filed FEB 5 1929 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure due to Bronchial Asthma

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. McCollum (Coroner) M. D.

2/5/29 (Address) 508 E. Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery Date of Burial Feb. 5, 1929

20 UNDERTAKER: Thos. F. G. Elliott ADDRESS 1715 Eastland Ave

OF DEATH in pencil (ink will fade). Do not use abbreviations. Be very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 42572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1612 Division St. 14 20 WARD)

2-FULL NAME Samuel T. Butler

(a) RESIDENCE No. 1612 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Butler

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
64 63	?	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md

PARENTS

10 NAME OF FATHER Hiram Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma Holmes

(Address) 560 Crutchman

15 Filed FEB 5 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Feb 3, 1929, that I last saw him alive on Feb 2, 1929 and that death occurred, on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Myocarditis, Chr.

(duration) yrs. 8 mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) [illegible] M. D.

2/4, 1929 (Address) 1186 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 2/5/1929

20 UNDERTAKER Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Bks.

E 42573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 Lanford (St. or Ave.) WARD 24-59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Green

(a) RESIDENCE NO. 516 Lanford St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6 DATE OF BIRTH (month, day, and year) ? 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Pinn (Address) 516 Lanford Place

15 Filed FEB 5 - 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1928 to Feb. 2 1929.

that I last saw him alive on Feb. 1 1929.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) 3 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Worry, old age

(duration) 3 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Hague, Va.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Diminished Reflex~~

(Signed) W. H. Montague M. D.

19 (Address) 1216 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/6 1929

UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1601 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42574

CERTIFICATE OF DEATH.

24-001

E 42574

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1572 Riggs Av. St. 16-22 Ward)

2-FULL NAME Elizabeth Holmes

(a) RESIDENCE NO. 828 E. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clark Holmes

6 DATE OF BIRTH (month, day, and year): 1876.

7 AGE: Years 53 52 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Wm F. Holmes

(Address) 828 E. Monument

15 Filed FEB 5 1929 H. Reeff Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. ds.

(Signed) H. C. Leek M. D.

(Coroner)

Feb 2nd 1929 (Address) North Ave & Davis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery Date of Burial Feb 5 1929

20 UNDERTAKER: Thomas E. Kelson ADDRESS 1307 Preston St

OF DEATH is part of this, so that a copy of certificate. very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42575

CERTIFICATE OF DEATH

E 42575

1—PLACE OF DEATH

REGISTERED No. E 42575

CITY OF BALTIMORE: (No. 3129 Kennedy Road ST. 13 S WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nancy L. ~~Eyatton~~ Agerton. Gleason 2-11-29

(a) RESIDENCE NO. 3129 Kennedy Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Agerton

6 DATE OF BIRTH (month, day, and year) March 25 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Griffin Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Matilda Clemmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mrs. Hubert McLemore

(Address) 3129 Kennedy Road

15 Filed FEB 5 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 30th, 19 29, to Feb 2nd, 19 29, that I last saw h.. alive on Feb 2nd, 19 29 and that death occurred, on the date stated above, at 11.25 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia following fall, fracturing several ribs. V.C. Coroner jurisdiction

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Hypertrophy of heart.

(duration) 10 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) George E. Gross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Feb 5 19 29
20 UNDERTAKER Clarence D. Lee	ADDRESS 5 W Hoffman St

Cor.—10-10-29—[illegible]—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42576

REGISTERED NO. 162 E 42576

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 723 W. Saratoga St., 4th Ward)

2-FULL NAME James Henry Bowman

(a) RESIDENCE NO. 723 Saratoga St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Reckoned

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nun.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Bowman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Fla

12 MAIDEN NAME OF MOTHER Cunnie Hart

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Cunnie Hart
(Address) 723 W. Saratoga St

15 Filed [illegible] 19[illegible] [illegible] Registrar

B 5 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Probably Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

2/5, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cy

DATE OF BURIAL Feb 5 1929

20 UNDERTAKER Leonard Whalen

ADDRESS 698 Park Ave

698 Park Ave

OF DEATH in plain terms, so that it may be properly classified. Every certificate is important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 cottage ave ST. 15-54 WARD)

2—FULL NAME Tanchum Oshrine

(a) RESIDENCE NO. 3609 cottage ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Oshrine

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin Smith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Charlie Oshrine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ida Oshrine

(Address) 3609 cottage ave

15 Filed 5-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/29

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19, 19[illegible], to Feb. 5, 19 29.

that I last saw him alive on Feb. 4 19 29

and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

Chronic Emphysema, Bronchial asthma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenzal Bronchitis — Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical. Lab.

(Signed) B.G. Michelson, M. D.

2/6, 19 29 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Rest	2/5 19 29
20 UNDERTAKER	ADDRESS
Jacob Lourie	39 Eutaw St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42578

112 ✓ E 42578

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3504 O Donnell St., 26-37 Ward)

2-FULL NAME Edward Schultz

(a) RESIDENCE NO. 3504 O'Donnell St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30-1917

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	11	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Schultz

11 BIRTHPLACE OF FATHER (city or town) Poland.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Winiecki

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant Frank Schultz
(Address) 3504 odonnell st

15 Filed FEB 5 1929 H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Acute Indigestion

(b) Acute Cardiac Dil (duration) 1 hr yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) A C Gladden M. D.

2-4, 1929 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Feb 6 1929

20 UNDERTAKER Geo. A. Weber ADDRESS 705 S. Ann st

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rls.

222047 E 42579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 42579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 44-70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olivia Brown

(a) RESIDENCE NO. 1802 Madison ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE B

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/22/26

7 AGE Years 2 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Arthur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Mannally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) Johns Hopkins Hospital

15 Filed FEB 6 1929 Records Commissioner, Health Department

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 3, 1929, that I last saw her alive on Feb 3, 1929, and that death occurred, on the date stated above, at 9 55 a. m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Marginal Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) James A Miller M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL

Commissioner Health

Spec.—1-10-21—M&T—1500 Blks.

221 E 42580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001

E 42580

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Risley

(a) RESIDENCE NO. Florence Cullenden Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/12/28

7 AGE — Years: — Months: 1½ Days: 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo

11 BIRTHPLACE OF FATHER (city or town) Irene (State or country) Mo

12 MAIDEN NAME OF MOTHER Irene Risley

13 BIRTHPLACE OF MOTHER (city or town) Same (State or country)

14 Informant Records (Address)

15 Filed FEB 5 1929 G. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1929, to Feb 2 1929, that I last saw him alive on Feb. 2 1929, and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute nutritional Disturbance

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) otitis media, acidosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Florence Cullenden Home.

Did an operation precede death? no Date of

Was there an autopsy? Yes. (Gross & Microscopical)

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS FEB 5 1929

B 5 1929 220

TION is very important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Bks.

Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42581

E 42581

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 4-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Mitchell

(a) RESIDENCE NO. 602 E. Pratt st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Robert Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Lizzie Brashern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28 29, to Jan. 31 29,

that I last saw h... alive on Jan. 31 29,

and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab., X-ray

(Signed) Henry C. Smith, M. D.

1-31, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

FEB 5 1929

Commissioner Health

D.

Spec.—1-10-21—M&T—1500 Bks.

E 42582 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3411 Menlo Drive (Street) 27-55 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony J. Wehage

(a) RESIDENCE NO. 3411 Menlo Drive St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rachael Wehage

6 DATE OF BIRTH (month, day, and year): May 13, 1851

7 AGE: Years 69 Months 8 Days 21

If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Dr & Ry.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Herman A. Wehage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lizzie M. Lancaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas. P. Harris

(Address) 2905 Brighton St.

15 Filed 5-1929 Per CCS C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/3 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/17, 1929, to 2/3, 1929, that I last saw h[illegible] alive on Jan 3, 1929, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1/6 ds.

CONTRIBUTORY (Secondary) Myocarditis acute

[illegible] (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys signs

(Signed) C [illegible] Smith, M. D.

19 (Address) 817 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feb. 6 1929

20 UNDERTAKER: Margaret L. Flynn

ADDRESS: 1417 Brighton St.

TION is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 42583 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42583

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 McCulloh Street ST. 11-24 WARD)

REGISTERED NO. 11-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Huskey

(a) RESIDENCE No. 1025 McCulloh Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Bessie Alston (Address) 1202 Madison Ave.

15 Filed 1929 C. HAMPSON JONES, M. D., Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/1929

17 I HEREBY CERTIFY, That I attended deceased from 2/2/, 1929, to 2/4/, 1929, that I last saw her alive on 2/4/, 1929 and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Fulminant Influenza

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Lawrence, M. D.

, 19 (Address) 1732 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL Feb. 6 1929

20 UNDERTAKER Jesse St. Ridden ADDRESS 436 N. Eddelton

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42584 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
City of BALTIMORE: (No.) 510 Decker Ave St. 7-11 Ward) 90 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Rockette

(a) Residence No. 510 N. Decker Ave St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single, Married~~ Widowed, ~~or Divorced~~ (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. Rockette

6-DATE OF BIRTH (month, day and year): 8. 4. 02.

7-AGE: 26 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Wenzel Faslner

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Minnie Saiko

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Austria

14-
(Informant): Mrs. Minnie Fastner
(Address): 510 N. Decker Ave

15-
Filed 1929 C. HARRY [illegible] Registrar
By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 4 - 1929

I HEREBY CERTIFY, That I attended deceased from January 6 - 1929 to Febr. 4 - 1929

That I last saw h... alive on Febr. 4 - 1929

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valv. Heart disease (Mitral Reg.

2
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Edema & Dropsy & Calm. Congest

3
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

2/5, 1929 (Signed) Harris A. Mayer, M. D.
(Address) 1031 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodeph Sh. | DATE OF BURIAL, Feb 7, 1929

20-UNDERTAKER: Martin W. Dippel Inc. | ADDRESS 312 Aisquith

Spec.—12-9-25—A Co.—200 Pks.

E 42585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42585

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 N. Fulton Ave St. 16-22 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Abrams Keene

(a) RESIDENCE NO. 914 N. Fulton Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor S. Keene

6 DATE OF BIRTH (month, day, and year): June 20 1843

7 AGE: Years 85 | Months 7 | Days 14 | IF LESS than 1 day.....hrs. or.....min. 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Dorchester Co.

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: Mitchel A. Keene

11 BIRTHPLACE OF FATHER (city or town): Dorchester Co

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Meakins

13 BIRTHPLACE OF MOTHER (city or town): Dorchester Co

(State or country): Maryland.

14 Informant: Caroline Keene

(Address): 914 N Fulton ave.

15 Filed 5 1929 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1926, to Feb 4 1929, that I last saw h[im] alive on Feb 2 1929, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary): Organic Heart Disease

(duration) unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) Chester Pickard, M. D.

2-4-1929 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 2/6/29

20 UNDERTAKER: Engelke Funeral Home ADDRESS 2424 E. Fayette St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42586

CERTIFICATE OF DEATH

129 E 42586

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3407 Elmora Ave. ST. 8-40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Pavlis.

(a) RESIDENCE NO. 3407 Elmora Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if fnreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6 If married, widowed, or divorced (or) WIFE of: Frank Pavlis.

6 DATE OF BIRTH (month, day, and year): Feb 14-1862

7 AGE: Years 66 | Months 11 | Days 4 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-Work.

(b) General nature of industry, business, or establishment in which employed (or employer): At Home. 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia.

PARENTS

10 NAME OF FATHER: Martin Kanc.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Frank Pavlis

(Address): 3407 Elmora Ave.

15 Filed: 5-7-1929 C. HAMPTON JONES, Registrar

Per.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929 to Feb 4, 1929.

that I last saw h e alive on Feb 4, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis;

Dysfunctional

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pul. Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

2-5-29 (Address) 106 North St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 7 1929

20 UNDERTAKER: August Pasek

ADDRESS: 2456 Ashland Ave

Spec.—1-12-23—M&T—500 Blks.

E 42587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 42587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Morrison Court St. 25-77 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma M. Linderborn

(a) RESIDENCE NO. 4109 Morrison Ct. ST. Curtis Bay WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1927

7 AGE	Years	Months 5	Days	If LESS than 1 day, hrs or min
	1	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Howard Linderborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Dak.

12 MAIDEN NAME OF MOTHER Agnes Florics

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Howard Linderborn

(Address) 4109 Morrison Court

15 Filed 5-1929 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Feb 5, 1929, that I last saw h or alive on Feb 5, 1929 and that death occurred, on the date stated above, at 12.25 P m

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 14 ds

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Frank Levinson, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Feb 6-29
20 UNDERTAKER	ADDRESS
Fred. A. Wann & Son	703 Hanover St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42588

CERTIFICATE OF DEATH.

185 E 42588

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE, (No. 131 N. Fulton Av St., 19-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma V. Peters

(a) RESIDENCE NO. 131 N. Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Col Clarence Peters

6 DATE OF BIRTH (month, day, and year) May 6 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hack

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Erwin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Albert Kurtz

(Address) 160 Eutaw Place

15 Filed 1929 C. HAMPSON GORE, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

A. Fall. Fract. Nose. Concussion Brain & Shock and General debility

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Thos. J. Brooks M. D.

(Coroner) S. Wyndham

2/4, 1929 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial Feb 6 1929

20 UNDERTAKER John O Mitchell and Sons ADDRESS 1900 Eutaw Place

5 very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42589

CERTIFICATE OF DEATH

90 E 42589

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 819 Harlem Ave 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hester Collins

(a) RESIDENCE NO. 819 Harlem Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Month, 12-1844

7 AGE: Years 84 | Months 10 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Martha Collins

(Address) 819 Harlem Ave

15 Filed 5-7 1929 C. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-2-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 2, 1929.

that I last saw h.. alive on Feb 2, 1929

and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

Old age Senulan

Heart Disease

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Forsyth M. D.

2-5 1929 (Address) 417 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 7/6 1929

20 UNDERTAKER: Lemmon & Wemsley

ADDRESS: 17 S Bkdle

Spec.—2-29-28—L. F. S.—500 Bks.

E 42590 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 42590

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1363 Gorsuch Ave. ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME AUGUST F. RAU

(a) RESIDENCE NO. 1363 Gorsuch Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: - - -

6 DATE OF BIRTH (month, day, and year): September 19, 1901

7 AGE: Years 27 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles L. Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Lena Traupe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Lena Nagengast (Mother)

(Address): 1363 Gorsuch Ave.

15 Filed 5-1929, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to Feb. 3, 1929, that I last saw h[illegible] alive on Feb. 1, 1929 and that death occurred, on the date stated above, at 2.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Nephritis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. N. Iler, M. D.

19 (Address) 408 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Feb. 6. 1929

20 UNDERTAKER: Henry Sander & Sons. Inc, — ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—2-29-28—L. F. S.—500 Bks.

E 42591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42591

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walker N Coleman

(a) RESIDENCE NO. 803 Hamilton Terrace WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widd

a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): Oct. 15, 1871

7 AGE: 57 Years | Months 3 | Days 19 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coleman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Hawes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Isabella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Phys. Dr. V

BALTIMORE CITY HOSPITALS

15 Filed 5-1929 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4-29

17 I HEREBY CERTIFY, That I attended deceased from 1-29, 1929, to 2-4, 1929, that I last saw him alive on 2-4, 1929, and that death occurred, on the date stated above, at 8:10 A.M.

THE CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis with uremia

(duration) unknown

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab.

(Signed) H. W. Wells M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 6 1929

20 UNDERTAKER: Harry D. Witzke — ADDRESS: 15-31 W. Lombard

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42592

CERTIFICATE OF DEATH

111

E 42592

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Josephine Schepes

(a) RESIDENCE NO. 2903 Christopher Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~years~~ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C Schepes

6 DATE OF BIRTH (month, day, and year) Aug 24 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	38	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home 037

9 BIRTHPLACE (city or town)

(State or country) N. Y.

PARENTS

10 NAME OF FATHER Wm Gries

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Barkam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant Louis Schepes

(Address) 2903 Christopher Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/24/29 19 ..., to 2/4/29 19 ...,

that I last saw her alive on 2/4/29 19 ...,

and that death occurred, on the date stated above, at 4 43 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Appendicitis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 1/28/29

Was there an autopsy?

What test confirmed diagnosis? Surgeon

(Signed) J. E. Whitehead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

Date of Burial 2/7 19 29

20 UNDERTAKER D. M. Cook

ADDRESS 1275 Hollins

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gage 709 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42593

CERTIFICATE OF DEATH

24-001

REGISTERED NO. E 42593

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1811 Aisquith ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma McGregor

(a) RESIDENCE NO. 1811 Aisquith ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph McGregor

6 DATE OF BIRTH (month, day, and year) June 1, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A Boone

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Gastner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence McGregor

(Address) 1811 Aisquith St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/2/29, 19, to 2/2/29, 19, that I last saw her alive on 2/3/29, 19, and that death occurred, on the date stated above, at 12:10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Coma (duration) yrs. mos. 1 ds.

(duration) mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M H Gage M. D.

2/4/29 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 2/6 1929

20 UNDERTAKER J McCook — ADDRESS 1215 E Fayette St

FEB 6 1929

Reg

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kemmone / 2235 Linton Place

E 42594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-901 E 42594

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Boone ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul F Mueller

(a) RESIDENCE NO. 1903 Boone ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise C Mueller

6 DATE OF BIRTH (month, day, and year) Feb 11, 1857

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Paul F Mueller

(Address) 508 Rossiter Ave

15 FEB 6 - 1929 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4. 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1929, to Feb. 4, 1929, that I last saw h alive on Feb. 4. 1929 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Dr. Désiré V. Kemmoun M. D.

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/6 1929

20 UNDERTAKER H. A. Cook

ADDRESS 1217 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42595

REGISTERED NO. 170 E 42595

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Trust Jr

(a) RESIDENCE NO. 1447 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Trust

6 DATE OF BIRTH (month, day, and year) Dec 8, 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	43	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Balt. Nat. Whse Co

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER George Trust

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Balto Md

14 Informant Anna Trust

(Address) 1447 N. Fulton Ave

Filed FEB 6 - 1929 [illegible] Registrar. M. D.

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Vascular Gun Shot Wound Chest

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... mos. ..... ds.

(Signed) Chas W Brooke M. D.

(Coroner) S. W. Brooke

2/4 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Date of Burial 2/7 1929

20 UNDERTAKER [illegible] ADDRESS 1217 Park Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

42596

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

74E 42596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] St., 1st WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Clarkson

(a) RESIDENCE No. 10 Ds Wagon alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	unmarried married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry b Clarkson

6 DATE OF BIRTH (month, day, and year) April 9, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	50	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-26 1929, to 2-3 1929, that I last saw h alive on 2-3 1929, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage, left, with Meningitis and aphasia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension (duration) unknown mos. ds.

If Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wells M. D.

In (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Feb 6, 1929

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 n Schroeder St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42597

CERTIFICATE OF DEATH

× 1855

E 42597
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. City Hospital St., 1-37 Ward)

2-FULL NAME Michael A Jones

(a) RESIDENCE NO. Rock Limits A+C Md St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dont Know

6 DATE OF BIRTH (month, day, and year) Mar 15 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk. 009
(c) Name of employer

9 BIRTHPLACE (city or town) Vancouver
(State or country) B. C 13

PARENTS

10 NAME OF FATHER David A Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wales

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Wales

14 Informant Mrs. Lena Largent
(Address) Dundalk Md

15 Filed [illegible] 1929 [illegible] Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
MCC Fall down Stairs
Fracture of Skull
(duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? Yes What test confirmed diagnosis? Autopsy Phy Ex
(Signed) G E Gladden, M. D.
, 19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	July 6 1929
20 UNDERTAKER —	ADDRESS
John Ulrich	Edmondson

Spec.—2-29-28—L. F. S.—500 Bks.

E 42598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42598

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3105 E Baltimore St. 1-V WARD)

2—FULL NAME Prudence Almira Le Brun

(a) RESIDENCE NO. 3105 E Baltimore ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of: Louis A Le Brun

7 DATE OF BIRTH (month, day, and year): Jan 1 - 1855

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs F Roccaca
(Address) 1408 Forest View Ave

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 4-1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to Feb 4, 1929, that I last saw her alive on Feb 3 1929 and that death occurred, on the date stated above, at 2-10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) Wohlgemuth M.D., M. D.

. 19 (Address) 3134 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Feby 6 1929

20 UNDERTAKER: John Lunich

ADDRESS: 200 E Oliver

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42599 ✓ E 42599

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hosp REGISTERED NO. 12-49

CITY OF BALTIMORE: (No.) 33 E + Calvert ST. (Ward) 3d

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Buttley

(a) RESIDENCE NO. 30 Hawthorne Av ST., Pikesville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 12 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Buttley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne Breed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mrs Robt Buttley

(Address) Pikesville Md

15 Filed ..... 19 ..... Registrar

FEB 6 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929 to Feb 4 1929

that I last saw him alive on Feb 4 1929

and that death occurred, on the date stated above, at 7 35 P.M.

The CAUSE OF DEATH* was as follows:

Acidosis of unknown Etiology

O K Coroner J J Morrissey

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wallace R Ivory M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Feb 6 1929
20 UNDERTAKER	ADDRESS
Henry A. Jenkins Sons	McCulloh & Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42600

CERTIFICATE OF DEATH

185 E 42600

1—PLACE OF DEATH Provident Hosp

CITY OF BALTIMORE: (No. 1514 Division ST., 4-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Jennie Saunders

(a) RESIDENCE NO. 711 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Saunders

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Benj. Stukes

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Sharon Stukes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Charles Sanders

(Address) 711 W Saratoga St

15 Filed FEB 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-4, 19 29, to 2-3, 19 29

that I last saw h alive on 2-1 3, 19 29

that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Fracture of Fibia

(Fell down steps)

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? (2 Years) 606 W Fayette

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible], M. D.

2-4, 19 29 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2-5 19 29

20 UNDERTAKER: Leonard Carton — ADDRESS 716 Pa Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42601

CERTIFICATE OF DEATH.

E 42601

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 N. Stricker St. 15-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Plusia Blaggett.

(a) RESIDENCE NO. 1325 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sandsbury Blaggett

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
81	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) -1

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) -1

(State or country)

14 Informant Nellie Lipo

(Address) 325 N. Stricker

Filed FEB 6 1929 Harry J. Greif Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy (duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Feb 4 1929 (Coroner) H. Feb 4 1929 M. D.

(Address) 1111 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 2-6 1929

UNDERTAKER Arnold Carton ADDRESS 916 Bonsano

very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42602

E 42602

CERTIFICATE OF DEATH

100-08

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 1522 Ward)

2-FULL NAME John Baddock Cooper

(a) RESIDENCE NO. 1311 N Stricker St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) 670
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John Cooper

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Woods

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Eliz Dorsey
(Address) 1136 E. Lexington St.

15 Filed 3-7 1929 (Signed) [illegible] M. D.
Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

6 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm G Yates M. D.

Mar 1, 19 29 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Mem	Mar 2-6 1929

20 UNDERTAKER Clarence E. Wright ADDRESS 1364 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

42603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 42603
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1926 Penna Ave. 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Jane Mack Brown

(a) RESIDENCE NO. 1926 Penna Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Elmer Brown

6 DATE OF BIRTH (month, day, and year): Feb 4 1886

7 AGE — Years: 43 — Months: — — Days: 19

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto Co
(State or country): Md

PARENTS

10 NAME OF FATHER: Augustus Fosnell

11 BIRTHPLACE OF FATHER (city or town): Carroll Co
(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Butler

13 BIRTHPLACE OF MOTHER (city or town): Frederick
(State or country): Md

14 Informant: Elmer Brown
(Address): 1926 Penna Ave

15 Filed..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Feb 4th 1929 H. C. Fisch (Coroner) M. D.

(Address) North Ave & Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinegrove Cemetery — Date of Burial: Feb 7 1929

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pierpont St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42604

CERTIFICATE OF DEATH

90 E 42604

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Edenst. WARD) 5th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Johnson

(a) RESIDENCE NO. 508 N. Edenst. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced: (or) WIFE of Elijah Johnson

7 DATE OF BIRTH (month, day, and year): Unknown 81

8 AGE: Years 38 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

11 NAME OF FATHER: Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

14 Informant: Elijah Johnson

(Address): 508 N. Edenst.

15 Filed ..., 19... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to Feb 2, 1929

that I last saw h alive on July 1, 1928

and that death occurred, on the date stated above, at 10 3/4 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ... yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. M. Hatcher, M. D.

2/x, 1929 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 6, 1929
UNDERTAKER: D. Wm. R. Elbert	ADDRESS: 1729 Eutaw Pl.

FEB 6 1929

Spec.—1-10-21—M&T—1500 Bks.

E 42605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42605

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hosp.

CITY OF BALTIMORE: (No. ..... ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hattie Grumbine

(a) RESIDENCE NO. 155 W. Mar ST., Reisterstown Md.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Scott Grumbine

6 DATE OF BIRTH (month, day, and year) June 13, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Allen Fries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lakewood Conn.

12 MAIDEN NAME OF MOTHER Eliz. Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Andover N.Y.

14 Informant (Address) Hospital Records.

15 Filed FEB 6 1929 H. Harry Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Feb 6, 1929, that I last saw her alive on Feb 6, 1929, and that death occurred, on the date stated above, at 8 20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Vigulation or Mitral valve (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Jan 15 1929

Was there an autopsy? No Peritoneal Sepsis

What test confirmed diagnosis) Reflexes, paresis of left side

(Signed) Robert S McCleary, M. D.

, 19 (Address) Womans Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL Feb 9 1929

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Bks.

Gormley

E 42606 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 42606
REGISTERED NO.

1-PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No. 1250 St. / WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ellen Gormley

(a) RESIDENCE NO. 2800 n Calvert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of Industry, business, or establishment in which employed (or employer) Private home

(c) Name of employer Mrs. Anna Jenkins

9 BIRTHPLACE (city or town) (State or country) County Antrim Ireland

PARENTS

10 NAME OF FATHER Gormley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Emily M Cook
(Address) 2203 Bailey St

15 Filed FEB 6 1929 19 H. Gray Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 5, 1929, that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute pancreatitis

(duration) yrs. mos. 0 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Elias J. Windsor M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cem Long Green Md	2/7 1929
UNDERTAKER	ADDRESS
Chas P. Crane & Son	1180 W Mt Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

E 42607 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42607

CERTIFICATE OF DEATH. 179

REGISTERED NO. 27-424

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Montebello ST. (WARD)

2-FULL NAME Sue Julia Litman

(a) RESIDENCE NO. 2810 Montebello Terrace WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	3	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Litman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lydia Cissers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Mrs. Elias Litman

(Address) 2810 Montebello Terrace

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1926, to Feb. 4, 1929, that I last saw h alive on Feb. 2, 1929, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic interstitial nephritis

more than 3 yrs. mos ds. (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) A. M. Bacon, M. D.

2/4, 1929 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL 2/6 1929

20 UNDERTAKER C. F. Evans. How

ADDRESS 11 W. Mt. Royal Ave

FEB 6 1929

Registrar

Per

Spec.—1-10-21—M&T—1500 Bks.

E 42608 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42608

1-PLACE OF DEATH 22 Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Eager ST., 10th WARD)

REGISTERED NO. E 42608

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Dunn

(a) RESIDENCE NO. 835 East Chase St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen L. Dunn

6 DATE OF BIRTH (month, day, and year): June 2 - 1873

7 AGE: Years 55 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto Police Dept. 961

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edward Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Olivia McKenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Ellen L. Dunn

(Address) 835 E. Chase St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 " 19 29

17 I HEREBY CERTIFY, That I attended deceased from 1-12-29, 19 , to 2-5-29, 19 ,

that I last saw h alive on 2-5-29, 19 ,

and that death occurred, on the date stated above, at 4 9. m.

The CAUSE OF DEATH* was as follows:

Papilla ary Cancer

of the Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia Carcinomatosis

due to Obstruction mos. 5

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-29-29

Was there an autopsy? No

What test confirmed diagnosis? Pathological microscopic

(Signed) .. M B Hennessy M.D.

, 19 (Address) 22 Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2 8 1929

20 UNDERTAKER: Chas P. Graves & Son

ADDRESS: 1810 N. Charles

TION is very important. See instructions on the reverse side.

FEB 5 1929 H. A. VAN HORN, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42609

CERTIFICATE OF DEATH

101-001

REGISTERED NO. E 42609

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Darley Ave. ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. F. C. Zinck

(a) RESIDENCE NO. 1416 Darley Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Zinck

DATE OF BIRTH (month, day, and year) June 28/1881

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	7	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Con. Gas. L. & Elec. Co.

(c) Name of employer of Balto.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Henry Zinck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Caroline Broening

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Catherine Zinck

(Address) 1416 Darley Ave.

15 Filed FEB 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 4, 1929, that I last saw h[illegible] alive on Feb 4, 1929 and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

about 2 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleural Pneumonia R. Side (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) J. Latrobe Ewalt, M. D.

2/6, 1929 (Address) 7440 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Feb. 7th., 1929

20 UNDERTAKER P. Philip Herwig ADDRESS 2016 Orleans St

Spec.—1-12-28—M&T—500 Blks.

Roberts

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42610

CERTIFICATE OF DEATH.

11-002 E 42610

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Mulberry ST. 19-27 (WARD)

2-FULL NAME Elmer Roberts

(a) RESIDENCE NO. 1621 Mulberry ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-24-98

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Earl Roberts
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Lurian Walter
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Earl Roberts
(Address) 1621 Mulberry St

15 Filed FEB 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-26-1929 to 2-4-1929
that I last saw h[illegible] alive on 2-4-1929
and that death occurred, on the date stated above, at 11. P. m.
The CAUSE OF DEATH* was as follows:
La Grippe

(duration) yrs. mos 14 ds.
CONTRIBUTORY (Secondary) Cold
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Medical
(Signed) E. E. Walters, M. D.
19 (Address) 1511 W Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn
UNDERTAKER D. L. Grounds Sons

DATE OF BURIAL Feb 6 1929
ADDRESS [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42611

CERTIFICATE OF DEATH

31 E 42611

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (If Not in Hospital) (WARD) 1427

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel (Joseph) Brown

(a) RESIDENCE NO. 321 N. Mount st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February, 1, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35		1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Eugenie Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 FEB 6 1929 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1928, to Feb. 4, 1929, that I last saw him alive on Feb. 4, 1929 and that death occurred, on the date stated above, at 6.55 p. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Hunt Smith, M. D.

2-5-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	February 7 1929

20 UNDERTAKER: Joseph A Lively ADDRESS 409 N Fremont st

Spec.—1-12-23—M&T—500 Bks.

E 42612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 42612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE, (No. 14-20 ST. 1 WARD)

2-FULL NAME Frank B. Ragan

(a) RESIDENCE No. 2133 Division ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. [illegible] Address BALTIMORE CITY HOSPITALS

15 Filed DEC 6 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1929

17 I HEREBY CERTIFY, That I attended deceased from 5-24 1926 to 2-4 1929, that I last saw him alive on 2-4 1929, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows: Syphilitic aortitis with aortic insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. & Laboratory

(Signed) H. H. Hack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 12/6/1929

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 631 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42613
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

38 ✓

REGISTERED NO. E 42613

City of BALTIMORE: (No. 1203 Madison Ave. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Equilla Austell

(a) RESIDENCE NO. 1203 Madison Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Equilla~~ Burt Austell

6 DATE OF BIRTH (month, day, and year): ? 1898

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
31	30	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 37
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country): N. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country): Unknown

14 Informant: Burt Keaton
(Address): 1203 Madison ave

15 Filed FEB 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feb. 4 29

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928, to Feb. 4, 1929, that I last saw h.. alive on Feb. 3, 1929, and that death occurred, on the date stated above, at 11:50 A. m.

The CAUSE OF DEATH* was as follows:
Hemorrhage from rupture of Aneurism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Aneurism of Aorta

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Robert L. Davies, M. D.

, 19 (Address) 1332 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 2-1, 1929

20 UNDERTAKER: Geo. A. Holland — ADDRESS 1631 Druid Hill Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42614 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

44 E 42614

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md ST. 15-68 WARD)

2-FULL NAME Benjamin Richmond

(a) RESIDENCE NO. 1702 Ruxton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 64 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Richmond

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 068

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Richmond

(Address) 1702 Ruxton Ave

15 Filed FEB 6 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928 to Feb. 5, 1929.

that I last saw him alive on Feb 6, 1929,

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Esophagus

(duration) — yrs. 3 mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/5/29

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) ~~S. D. Linde~~ S. D. Linde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Ronsdale — DATE OF BURIAL 2-6- 1929

20 UNDERTAKER Jack Levine, 1739 E Baltimore — ADDRESS

TION is very important. See instructions on

pec.—2-29-28—L. F. S.—500 Blks.

E 42615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42615

1—PLACE OF DEATH

REGISTERED NO. 15-65

CITY OF BALTIMORE: (No. 4015 Dalrymple Ave ST. 15th WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Weiner

(a) RESIDENCE NO. 4015 Dalrymple Ave ST., 15th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if foreign birth? 22 yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Weiner

DATE OF BIRTH (month, day, and year) Aug 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Jacobstadt, Russia

10 NAME OF FATHER Moss Skorny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jacobstadt Russia

12 MAIDEN NAME OF MOTHER Sarah Skorny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jacobstadt Russia

14 Informant Leon Weiner.

(Address) 4015 Dalrymple Ave

15 Filed FEB 6 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2d, 1929, to Feb. 5th, 1929,

that I last saw her alive on Feb. 5th, 1929,

and that death occurred, on the date stated above, at 1 A.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silver, M. D.

, 19 (Address) 376 Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lucas Wash. Road	2-6- 1929
20 UNDERTAKER	ADDRESS
Jack Lewis	1434 E Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42616

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1732 Light St. 22-34 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Hammel

(a) Residence No. 1732 Light St. St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 5 1868

7-AGE. 60 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coach Painter

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Peter Hammel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Eva Volk.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Sophia Peters

(Address) 1732 Light St

15- Filed FEB 6 1929 Registrar.

Dat

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-4th 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Feb 4 1929

that I last saw h... alive on Feb 4 1929 and that death occurred, on the date stated above, at 4 55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. H. Carporle M. D.

2/6 1929 (Address) 1644 Hanover

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Cross aaa	2-7 1929
20-UNDERTAKER.	ADDRESS
Earl B Hart	115 E Ward St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42617

CERTIFICATE OF DEATH.

160 E 42617

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Barton Ave ST. 9-46 WARD)

2-FULL NAME Joseph Bobel

(a) RESIDENCE NO. 707 Barton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1929

7 AGE: Years — Months — Days — If LESS than 1 day, hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Bobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Fris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant

(Address)

15 Filed B 6 1929 By C. Hamilton Reed M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1929, to Feb. 5, 1929, that I last saw h alive on Feb. 5, 1929, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
Period of Gestation 9 + 12 Mo.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Hambly Symmonds, M. D.

2/5/1929 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

FEB 6 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42618

CERTIFICATE OF DEATH.

159-002

E 42618

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1121 N. Dallas St. 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley McGee

(a) RESIDENCE NO. 1121 N. Dallas St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4/29

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew Sander

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary McGee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C

14 Informant Mary McGee

(Address) 1121 N. Dallas St

Filed ... 19... No. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Heart

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) J. Ford Ellis M. D.

(Coroner)

2/5, 19 29 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

2 6 1929 225

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 42619 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42619

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Moran

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Rafferty

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Davison

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley St.

15 Filed FEB 6 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5th 1929

17 I HEREBY CERTIFY, That I attended deceased from No record 19 to 19, that I last saw her alive on July 3 1929, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Gangrene of foot

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Werner M. D.

Feb 5 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Catholic Cem.

DATE OF BURIAL 2/7 1929

20 UNDERTAKER Rita Wiedefeld

ADDRESS Fremont Ave

spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 ✓ E 42620

E 42620

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Falls Road Terrace ST. 27-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice May Moore

(a) RESIDENCE NO. 911 Falls Road Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 9 ds. How long in U. S., if foreign birth? 54 yrs. 4 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Moore

7 DATE OF BIRTH (month, day, and year) Sept 26 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

8 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Charles St. Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Salisbury Maryland

12 MAIDEN NAME OF MOTHER: Laura Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

PARENTS

14 Informant: Mr. Russell Moore Jr.

(Address) 911 Falls Road Terrace.

15 Filed 8 1929 19 [illegible] M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from August, 1928, to Feb 4th, 1929, that I last saw her alive on Feb 4th, 1929 and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Carcinoma of lung, Spine and Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma.

(duration) 1 yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Oct 1927

Was there an autopsy? no

What test confirmed diagnosis? Laboratory sections

(Signed) Nathaniel M Bibl M. D.

, 19 (Address) 100 E. 23rd St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feb 7 1929
20 UNDERTAKER: Stewart & Co.	ADDRESS: Balto. md.

Spec.—1-10-21—M&T—1500 Blks.

220033 E 42621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37-001 E 42621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-63 WARD)

2-FULL NAME Harry A. Showman

(a) RESIDENCE No. 3832 Sequoia Ave Forest Park ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/4/705

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	2	1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Millinery 066

(c) Name of employer Store

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hamilton B S.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Abbie Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address)

15 Filed FEB 6 1929 H. M. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Feb 5, 1929,

that I last saw him alive on Feb 5, 1929,

and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) 21 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of Nephrotomy

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

2/5, 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Frederick Md

DATE OF BURIAL Feb 8 1929

20 UNDERTAKER W M Routson

ADDRESS 2235 N Mott

TION is very important. See instructions on back of

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42622

CERTIFICATE OF DEATH

83 L

E 42622

1—PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST 24-34 WARD)

2—FULL NAME Champ Manzy

(a) RESIDENCE NO. 1533 Covington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Manzy

6 DATE OF BIRTH (month, day, and year) 12-4-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Eng

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Joseph Manzy

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Kate Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mr. Manzy

(Address) 1533 Covington

15 FEB 6 1929 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-29

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 19 29 to 2-5, 19 29

that I last saw h alive on 2-5, 19 29

and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH was as follows:

Fatal Arteriosclerosis, Cerebral Arteriosclerosis, Cerebral Softening

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Robert Phillips, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem Frederick Md

DATE OF BURIAL 2/8 1929

20 UNDERTAKER J. Fenn McCully

ADDRESS 130 E. Fort

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42623

CERTIFICATE OF DEATH

74-801 ✓ E 42623

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Lake Drive Apts. 4 E. ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sydney Hamburger

(a) RESIDENCE NO. Lake Drive Apts. 4 E. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19, 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Financial Man.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Goldenberg's.

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Myer Hamburger

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Julia Coblens

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Mr. A. Likes
(Address) Balto. Md.

15 Filed C. Wm. Kloss, M. D.
Registrar

FEB 6 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 5th. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929, to Feb 5, 1929, that I last saw h alive on Feb 5, 1929 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Uremic - Octaemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Leitz, M. D.

2-6, 1929 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	2/8/1929
20 UNDERTAKER	ADDRESS
Hurd Sandheim	1820 W Pratt Royal Ave

Cor.—10-10-29—A Co.—100 Bks.

E 42624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42624

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. No. 37 Ward)

2-FULL NAME Gerald Hanna

(a) RESIDENCE NO. Fullerton Md. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	32	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Accessories
(c) Name of employer

9 BIRTHPLACE (city or town) Bogota N. J.
(State or country)

PARENTS

10 NAME OF FATHER Thomas C. Hanna

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Carolin H. Young

13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) N. Y.

14

Informant Mrs. Carolin Chesworth
(Address) Fullerton Md.

15 F[illegible] 1929 36 HAMDEN JONES, M. D.
Reg. 1078 Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Acute Asphyxia
(b) Edema - Morbid
(c)
CONTRIBUTORY (Secondary) Exhaustion (duration) 6 yrs. mos. Hrs

18 Where was disease contracted (duration) yrs. mos. ds.
If not at place of death? — —
Did an operation precede death? — Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? History Phy. Ex.
Signed H. C. Eades M. D.
, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Feb 7 1929

20 UNDERTAKER Frederick Lansdowne — ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

E 42625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42625

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Bayonne Ave. ST.) (Hamilton WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Shanklin

(a) RESIDENCE No. 2922 Bayonne Ave. ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John T. Shanklin

6 DATE OF BIRTH (month, day, and year) Feb. 8th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Goss

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Mullen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Fred Shanklin
(Address) 2922 Bayonne Ave

15 Filed 6 1929, 19 (HARRISON JONES, M. D.) Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Feb 5, 1929, that I last saw her alive on Feb. 5, 1929 and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) General Sclerosis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. J. Zimmerman M.D.

Feb 5, 1929 (Address) 7838 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hess Cemetery	Feb. 8 1929
20 UNDERTAKER Frederick Loosemore	ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

E 42626 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2544 McCulloh St. 13-54 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Charles Jackson

(a) RESIDENCE No. 2544 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	A. A.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Naomi Stewart

(Address) 2544 McCulloh Granddaughter

15 Filed 6 1929 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 4 - 1929

17 I HEREBY CERTIFY, That I attended deceased from 1 - 12 - 1929 to 2 - 4 - 1929, that I last saw him alive on 2 - 3 - 1929, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Tom H. Frazier M. D.

, 19 (Address) 138 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Sept 7th 1929

20 UNDERTAKER Mrs J. J. Sacks ADDRESS 1302 Jefferson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42627

CERTIFICATE OF DEATH.

113 E 42627

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 N. Bond St St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Radcliff

(a) RESIDENCE NO. 304 N. Bond St St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19/29

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Leon Radcliff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Melvina Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Father

(Address) 304 N. Bond St

15 Filed 6 1929 Chas. H. Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably acute gastro-intestinal indigestion

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (8 mons Gestation)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Ellis Oates M. D.

(Coroner)

2/4/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial Feb 6 1929

20 UNDERTAKER Mrs J. J. Locks ADDRESS 1302 Jefferson

very important. See instructions on back of certificate.

...pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42628

CERTIFICATE OF DEATH

100-001

E 42628

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Cor Presstman and Smallwood ST. 1548 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grayson N. Sharretts

(a) RESIDENCE NO. Cor Presstman and Smallwood ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude A Sharretts

7 DATE OF BIRTH (month, day, and year) Nov 26 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER John P Sharretts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Martha Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington DC

14 Informant (Address) Ralph C Sharretts 4209 Maine Ave

15 Filed B 6 1929 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.4.29

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Feb. 4, 1929, that I last saw h. alive on Feb. 4, 1929 and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial - Pneumonia

(duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas E. Clarke, M. D.

Feb. 6 1929 (Address) 2a Tatrahe Apt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 7 1929
20 UNDERTAKER John O. Mitchell Son	ADDRESS 1900 Eutaw Place

...ec.—2-29-28—L. F. S.—500 Bks.

Ernest

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42629 — CERTIFICATE OF DEATH — REGISTERED NO. 23214 — E 42629

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 S. Charles ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olia I. Ernest.

(a) RESIDENCE NO. 1704 S. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 20 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Ernest.

DATE OF BIRTH (month, day, and year) March 15, 1[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40,	10,	20. 19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John W. Linton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah Tolphin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant George Ernest, (Husband).
(Address) 1704 S. Charles St.

15 Filed 6 1929 C. HAMDEN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 4, 1929

that I last saw h[illegible] alive on Feb 2, 1929

and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage
Sec. Nat. Cause

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Puerperal Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. E. Campbell M. D.

2/4, 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. — DATE OF BURIAL: Feb 7 1929

20 UNDERTAKER: D. Howard Evans — ADDRESS: 38 E Fort Ave

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42630 — CERTIFICATE OF DEATH — E 42630

REGISTERED NO. 11001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3300 Westernwald St. (WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee P. Mc. Laughlin

(a) RESIDENCE NO. 3300 Westernwald St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Reese

6 DATE OF BIRTH (month, day, and year) Nov 20 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kernan

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph F. Mc. Laughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret A Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Matilda Reese Mc. Laughlin

(Address) 3300 Westernwald Ave

15 Filed 6 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEBY-4-1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1929, to Feby 4, 1929, that I last saw him alive on Feby 4, 1929 and that death occurred, on the date stated above, at 3.15 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) C. W. Hoffmeister, M. D.

, 19 (Address) 8 Eldridge Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feby 1929

20 UNDERTAKER Mary M Warfield

ADDRESS 501 E 22nd St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 42631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42631

CERTIFICATE OF DEATH.

17-24-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 W. Preston ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lana V. Leonard

(a) RESIDENCE. No. 552 W. Preston ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emory P. Leonard.

6 DATE OF BIRTH (month, day, and year) Sept 23 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Department Store

(c) Name of employer May Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Filip B. Pye

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Florence M. Burk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Florence Burke 538 W. Preston St

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4- 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 2- 1929 to Feb 2 1929 that I last saw h[illegible] alive on Feb 2 1929 and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

May 1928 (duration) — yrs. — mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller M. D.

2/4. 1929 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Feb 7 1929
20 UNDERTAKER	ADDRESS
John H. Toadvine	1027 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

22198/ E 42632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 131 E 42632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. E. Curt Elais

(a) RESIDENCE NO. Ramey - Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Dare

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: 65 Years 6 7 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn -

PARENTS

10 NAME OF FATHER: Elias Elais

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa -

12 MAIDEN NAME OF MOTHER: Catherine Forrer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Reeds -

(Address)

15 Filed 7 - 1929 (19) Reg. S. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb - 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb - 6, 1929, that I last saw h alive on Feb - 6, 1929, and that death occurred, on the date stated above, at 1 10 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Pyelonephritis, chr.

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Smith M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: CLEARFIELD, PA — DATE OF BURIAL: Feb 8 19 29

20 UNDERTAKER: Hughes & Bowers Inc — ADDRESS: City [illegible]

ec.—2-29-28—L. F. S.—500 Bks.

42633

HEALTH DEPARTMENT—CITY OF BALTIMORE

42633

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. Gen. Hosp.

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 28-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Melvin Graham

(a) RESIDENCE NO. 4204 Fernhill Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Virginia Graham

DATE OF BIRTH (month, day, and year) 7-5-79

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant. Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Graham Tinley & Co.

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER James Arthur Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Carrie Proctor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredericksburg Va.

14 Informant Hosp. Record

(Address)

15 Filed 1929, 19... M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-29

17

I HEREBY CERTIFY, That I attended deceased from 1-26-1929, to 2-6-, 1929,

that I last saw him alive on 2-6-, 1929

and that death occurred, on the date stated above, at 7.37 A m.

The CAUSE OF DEATH was as follows:

Nephrolithiasis Rt

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) John A. Young M. D.

2/6/29, 19 (Address) 1315 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feb 8 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Eutaw St

Cor.—10-10-29—A Co.—100 Bks.

E 42634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144 E 42634

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3123 O'Donnell St., 1-1 Ward)

2-FULL NAME Irmin Klingenhofer

(a) RESIDENCE NO. 3123 O'Donnell St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Klingenhofer

6 DATE OF BIRTH (month, day, and year) June 12, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	33	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Kesemarick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Pekowskis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Frederick Klingenhofer
(Address) 3123 O'Donnell St

15 Filed Feb 7 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerated Liver.

Shock Due to

(duration) Hrs mos. 1 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Autopsy & Ev

(Signed) Geo G Gaither M. D.

. 19 (Address) 437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Gem — DATE OF BURIAL Feb 8 1929

20 UNDERTAKER Geo. W Zirkler — ADDRESS 1737 Eut

important. See instructions on back of certificate.

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42635

CERTIFICATE OF DEATH

90E 42635

1—PLACE OF DEATH

REGISTERED NO. 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 2000 Cecil Ave ST. (WARD)

2—FULL NAME Laura A. Glendening

(a) RESIDENCE NO. 2000 Cecil Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of John J. Glendening

DATE OF BIRTH (month, day, and year) August 22, 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 36		5	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Harry G. Eben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Laura A. Litchenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant John J. Glendening

(Address) 2000 Cecil Ave

Filed FEB 7 1929 [illegible], M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1929

17

I HEREBY CERTIFY, That I attended deceased from July, 1928, to Feb, 1929,

that I last saw her alive on Feb 4, 1929

and that death occurred, on the date stated above, at 11 15 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral stenosis & insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab

(Signed) Isidor S. Frey, M. D.

Feb, 19 29 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feby 7 1929
20 UNDERTAKER	ADDRESS
Pabst Funeral	1402 Broadway

E 42636 2-29 500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42636

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1635 E. Oliver ST. 8-7 (WARD)

2—FULL NAME Carrington S. Goakin

(a) RESIDENCE NO. 1635 E Oliver ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Nellie J. Goakin

DATE OF BIRTH (month, day, and year) Nov 3, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Proof Reader

(b) General nature of industry, business, or establishment in which employed (or employer): 63

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Bristol Penn.

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Mrs Nellie J. Goakin
(Address) 1635 E. Oliver St

15 Filed ... 19 ... Registrar

7-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to 2/6, 1929
that I last saw h/m alive on 2-6, 1929
and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy + Clinical

(Signed) Daniel Miller, M. D.

2/6, 1929 (Address) 1500 Edway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Feby 8. 1929
UNDERTAKER	ADDRESS
Robt L. Lumsden	1442 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42637

CERTIFICATE OF DEATH.

× 50 ✓

E 42637
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 4-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Frederick Kraft

(a) RESIDENCE NO. ~~Bull Neck Road, Berges~~ St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19/1911

7 AGE	Years	Months	Days 16	IF LESS than 1 day.....hrs. or.....min.
	17	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Caspar Kraft

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lena Pruett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Caspar Kraft (Father)

(Address) Bull Neck Road

15 Filed 2-7-1929 C. Hanson Jones M. D. Registrar

Per Rutt

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cyst of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Carter M. D.

(Coroner)

2/7/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Feb 8 1929

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

very important. See instructions on back of

...ec.—2-29-28—L. F. S.—500 Bks.

E 42638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42638

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 17-24 WARD)

2—FULL NAME Maria Only

(a) RESIDENCE NO. 1105 Argyle Ave ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April-18-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	9	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Elijah Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lessie Keys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence Williams

(Address) 1105 Argyle Ave

Filed FEB 7 - 1929 BAMFORD JONES, M.D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-29

17

I HEREBY CERTIFY, That I attended deceased from 1-27, 19 29, to 2-3, 19 29

that I last saw h... alive on 2-3, 19 29

and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-30-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Path.

(Signed) K. K. Jackson M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Centure Cem	2-7-29

20 UNDERTAKER Samuel Wemsley ADDRESS 1118 N. Bridge

Cor.—12-9-25—A Co.—200 Bks.

E 42639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 42639

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 11 May St St. 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Anna Owens

(a) RESIDENCE NO. 570 East St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Owens

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
43	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John N. Amos

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Tom Amos

(Address) 1914 McCulloh St.

15 Filed 8-7-1929 19 C. H. [illegible] yrs. M. D.

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. T. Ruby M. D.

(Coroner)

Aug. 7, 1929 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 10 mos. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gabriel Cemetery Date of Burial Aug. 7 1929

UNDERTAKER Chas. H. Johnson ADDRESS 448 N. Carey St.

very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42640

CERTIFICATE OF DEATH

11-001

E 42640

1—PLACE OF DEATH

REGISTERED NO. 22-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 420 W. Henrietta ST. 22 WARD)

2—FULL NAME Ruth Nichols

(a) RESIDENCE NO. 420 W. Henrietta ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of David Nichols

DATE OF BIRTH (month, day, and year) April 27 1906

AGE	Years	Months	Days	If LESS than 1 day,...hrs. or...min.
	22	5	21	9

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: " 0/0

BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Letitia Sermon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: David Nichols

(Address) 420 W. Henrietta St

15 Filed FEB 7 1929, M. Registrar

FEB 7 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/29

17 I HEREBY CERTIFY, That I attended deceased from 1/3/29, to 2/6/29, that I last saw her alive on 2/6/29 and that death occurred, on the date stated above, at 2:55 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Pulmonale) (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Thomas Bowen, M. D.

(Address) 708 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	Feb 7 1929
20 UNDERTAKER	ADDRESS
L. B. Brown & Son	421 N. Monta

...c.—2-29-28—L. F. S.—500 Bks.

E 42641 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42641

1—PLACE OF DEATH REGISTERED NO. 9-46

CITY OF BALTIMORE: (No. 3937 Lowndes Av ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelie Davis Woolford

(a) RESIDENCE NO. 619 Bartlett Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 17/12

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	16	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-girl.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER L. Woolford

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Emma Diehl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Emma Woolard

(Address) 619 Bartlett av.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb. 4/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 28, 1929, to Feb 4 29, 1929

that I last saw her alive on Feb 4 29, 1929

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory Exam

(Signed) [illegible] M. D.

2/6/1929 (Address) 401 E 25th St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemty.	Feb 7 1929
20 UNDERTAKER	ADDRESS
Myers & Ruth	1735 Harford av

c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42642

CERTIFICATE OF DEATH

129 E 42642

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2413 James ST. 25-14 WARD)

2—FULL NAME Elizabeth Wilhelmina Hofmann

(a) RESIDENCE NO. 2413 James ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 65 yrs. 1 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Julius R. Hofmann

DATE OF BIRTH (month, day, and year) Jan 3 1864

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Ludwig Eberhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Julius R. Hofmann

(Address) 2413 James St

15 FEB 7 1929 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5-1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Feb 5, 1929

that I last saw her alive on Feb 4 20 p 1929

and that death occurred, on the date stated above, at 2-1 p. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Smith Kiefer M. D.

Feb 6, 1929 (Address) 4 W 39 Hamilton Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 8 1929

20 UNDERTAKER J. J. Adkins & Sons

ADDRESS Norther

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42643

CERTIFICATE OF DEATH

90

E 42643

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 306-E-33 ST. 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Grabb

(a) RESIDENCE NO. 306-E-33 ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grabb

DATE OF BIRTH (month, day, and year) Jan 4-1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	0	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Packer

(c) Name of employer Lyle Bros

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Underwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Kramer

(Address) 306-E-33 St.

Filed FEB 7 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1923, to Feb 4, 1929.

that I last saw him alive on Feb 4, 1929

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis, Cardio vascular insufficiency

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H E Kruse, M. D.

Feb 7 1929 (Address) 4025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 7 1929

20 UNDERTAKER H. Kramer & Sons

ADDRESS Norther

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42644

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

24-001

E 42644

REGISTERED NO.

1—PLACE OF DEATH [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16-23 WARD)

2—FULL NAME Mattie Smith

(a) RESIDENCE NO. 1316 Riggs Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	3 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Smith

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	48	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

021

BIRTHPLACE (city or town) (State or country) ? Va.

10 NAME OF FATHER Anderson Carrington

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Pauline Bryor

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] 19 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-1, 1929, to 2-5, 1929, that I last saw h[illegible] alive on 2-5, 19[illegible] and that death occurred, on the date stated above, at 3 15 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage right,

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. M. Nash M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersburg Va

DATE OF BURIAL Feb 7 1929

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—1-10-21—M&T—1500 Bks.

E 42645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO. 57

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 14-29 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Bell Sauks

(a) RESIDENCE NO. 313 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Sauks

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Hisey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant husband. (Address)

15 2-7-1929 C. Hampson Jones, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4 , 1929 to Feb. 5 , 1929, that I last saw h.e alive on Feb. 5 , 1929, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows: 1 yr.

Diabetes Mellitus

Diabetic gangrene of right foot 3 mos.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary embolus 10 min

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings

(Signed) Elizabeth B. Sherman, M. D.

2/2, 1929 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 8th 1929

20 UNDERTAKER A. Jones — ADDRESS 1112 L. Gilmor

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 42646

42646 CERTIFICATE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joan Ann Knapp

(a) RESIDENCE NO. 2936 Wyman Pkwy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26th 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph S. Knapp Jr

11 BIRTHPLACE OF FATHER (City or town) Balto, Md

(State or country)

12 MAIDEN NAME OF MOTHER Elva Lockhart

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mr Joseph S. Knapp

(Address) 2936 Wyman Parkway

15 Filed 7-1926 C. [illegible] Jones, M.D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/26 19

17 I HEREBY CERTIFY, That I attended deceased from 7/2/26 19 to 7/6/26 19

that I last saw h e alive on 7/6/26 19

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Greenmount Cem.	July 8th 1926
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Cathedral St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42647

CERTIFICATE OF DEATH.

90 E 42647

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1726 E. Lafayette Ave St. 8-17 Ward)

2-FULL NAME Martha J. McLanahan

(a) RESIDENCE NO. 1726 E. Lafayette Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert McLanahan

6 DATE OF BIRTH (month, day, and year) July 26/1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	6	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Henry W. Moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Martha Johnston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Miss Nellie Moore

(Address) 1726 E. Lafayette Ave

Filed FEB 7 1929 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. M. Catlin M. D.

(Coroner)

2/6/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 2 8 1929

20 UNDERTAKER J. M. Cook ADDRESS 1217 E. Fayette

very important. See instructions on back.

ec.—2-29-28—L. F. S.—500 Bks.

E 42648 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42648

CERTIFICATE OF DEATH

11-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hospital ST., 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry B. Rieger

(a) RESIDENCE NO. 3429 Frederick ST., ave WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rieger

DATE OF BIRTH (month, day, and year) Mar 22 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Monument Maker

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer 076

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Philip Rieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M. Kroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records
(Address)

15 Filed ... 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Feb 5, 1929, that I last saw h[illegible] alive on Feb 5, 1929, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Influenzal type)
(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tyson M. D.

, 19 (Address) 1300 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2/8 1929

20 UNDERTAKER [illegible] Cook

ADDRESS 1247 St Paul St

Spec.—1-12-23—M&T—500 Bks.

E 42649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42649

CERTIFICATE OF DEATH.

REGISTERED NO. 164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Vogelsang Vogelwide

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Philip Vogelwide

6 DATE OF BIRTH (month, day, and year) Aug - 19 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Metcalf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley St

15 Filed Feb 7 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from No Record, 19 , to , 19 ,

that I last saw her alive on Feb 3 , 1929 ,

and that death occurred, on the date stated above, at 12.55 a.m.

The CAUSE OF DEATH* was as follows:

Senile dementia

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. H. Warren, M. D.

Feb 6, 1929 (Address) 1113 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

UNDERTAKER William Cook

DATE OF BURIAL 2/8 1929

ADDRESS 1211 Saint Paul

Cor.—10-10-29—A Co.—100 Bks.

E 42650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42650

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 26-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C Wheeler

(a) RESIDENCE NO. 325 E Balto. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1. 1888

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
40	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self 023

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harvey C. Wheeler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Anna C. Bruhn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Mrs. Anna Wheeler
(Address) Dundalk Md

15 Filed ..... 19 .....

Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) 1876 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem.

DATE OF BURIAL 2/7 1929

20 UNDERTAKER Wm Cook

ADDRESS 121 St Paul

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42651

CERTIFICATE OF DEATH.

113 E 42651

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores (Annie) Bradford

(a) RESIDENCE NO. 2330 Guilford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 19/28

7 AGE — Years: — Months: 9 — Days: 10 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Harry Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Rosa Bradford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Rosa Bradford

(Address): 2330 Guilford Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 5/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Intestinal Indigestion
(Cause undetermined-Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Crain M. D.
(Coroner)

2/7/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Date of Burial: 2/7 1929

20 UNDERTAKER: Samuel Hewsley ADDRESS: 578 N Bdle

FEB 7 1929

Very Important: See Instructions

Rec.—2-29-28—L. F. S.—500 Bks.

E 42652 HEALTH DEPARTMENT—CITY OF BALTIMORE 74001

CERTIFICATE OF DEATH

E 42652

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 946 W Lexington ST. 18 WARD)

2—FULL NAME Carrie Keeley

(a) RESIDENCE NO. 946 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | 4 COLOR OR RACE Wht | 5 Single, Married, Widowed, or Divorced, (write the word) Wid

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of John Kelley

7 DATE OF BIRTH (month, day, and year) 1-22-1871

AGE 58 Years 57 | Months | Days 14 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany

14 Informant John Keeley

(Address) 946 W Lexington

15 Filed FEB 7 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 6, 1929, that I last saw h alive on Feb 6, 1929 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

12 hours (duration)

CONTRIBUTORY (Secondary) Cerebro-Arteriosclerosis

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Howard, M. D.

2-7-29 (Address) 739 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 2-9-1929

20 UNDERTAKER C. Brannigan Sons

ADDRESS 1136 N Eutaw St

Spec.—1-12-23—M&T—500 Bks.

Elizabeth Harrison

E 42653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42653

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Eagle St. 20-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Harrison

(a) RESIDENCE NO. 2232 Eagle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-28-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	80		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Joseph Tiemann W. Franklin St

15 Filed 2-7-1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to February 6, 1929, that I last saw her alive on February 5, 1929, and that death occurred, on the date stated above, at 1 10 a m

The CAUSE OF DEATH* was as follows:

Endocarditis

Senility - Arteriosclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert C. Kitzig, M. D.

2/6/29 (Address) 2157 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 2-[illegible]-29

20 UNDERTAKER: H. C. Brammer Sons — ADDRESS 1136 Poplar Grove

Dec.—1-12-23—M&T—500 Blks.

E 42654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Caroline St. 8-17 Ward)

REGISTERED NO. 101-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara L Burnham

(a) RESIDENCE NO. 1613 N. Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 28th 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or ..... min.
68	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Samuel Burnham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sophia L Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miss Ethel Burnham

(Address): 1613 N. Caroline st

15 Filed FEB 7 - 1929 By C. H. Jones, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928, to Feb. 5, 1929, that I last saw her alive on Feb. 5, 1929, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Chronic Nephritis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

, 19 (Address) 1100 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb 5th 1929

UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument st

Cor.—12-9-25—A Co.—200 Bks.

E 42655

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 42655

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Walbrook

City of BALTIMORE: (No. 2141 Hanford Ave. 15-68 Ward)

2-FULL NAME Fannie Darney.

(a) RESIDENCE NO. 2141 Hanford Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 27 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Darney

6 DATE OF BIRTH (month, day, and year) Mar 9-1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER David Kerr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Susan Mahr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mary Kelson

(Address) 4309 Hanford Rd

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 6th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 6 yrs. mos. ds.

(Signed) M. Finch, M. D.

Feb 6th 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Feby 9th 29
20 UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument St

very important. See instructions on back of this page.

...ec.—2-29-28—L. F. S.—500 Bka.

E 42656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Curtis Bay 90 E 42656

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Elmtree ST. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Lambert

(a) RESIDENCE NO. 1421 Elmtree ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

If married, widowed or divorced HUSBAND of (or) WIFE of William Lambert

DATE OF BIRTH (month, day, and year) May 29 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Joseph Halbig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Halbig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Elizabeth Lambert

(Address) 5357 Lindenberger Ave

Filed FEB 1 - 1929 BALTIMORE CITY, MD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar — 1928 to Feb 6 1929

that I last saw her alive on Feb 5 1929

and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial decompensation

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Dorsey M. D.

19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedarhill	Feb 9 1929
20 UNDERTAKER John F Dennis	ADDRESS 715 Light St

42657
Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 42657

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore Eye, Ear & Throat 1214 Eutaw Pl. ST. 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Eads

(a) RESIDENCE. No. 903 N. Parish ST., WARD Balto.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not married

6 DATE OF BIRTH (month, day, and year): May 1 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dilivery boy

(b) General nature of industry, business, or establishment in which employed (or employer): orb

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Arundel County Md.

PARENTS

10 NAME OF FATHER: Walter Eads.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Arund County Md.

12 MAIDEN NAME OF MOTHER: Ella Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Arund County Md.

14 Informant (Address): Virginia Eads (Sister) 903 N. Parish St.

15 Filed ..... 19 ..... Registrar

FEB 7 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/4 19 29

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 19 29, to 2/4, 19 29,

that I last saw h~~im~~ alive on 2/4, 19 29,

and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:

Infection Sinus Thrombosis

sepsis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Sarcoma middle Ear (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 1/25, 29 1/31, 29

Was there an autopsy? No

What test confirmed diagnosis? Lat section sts

(Signed) Joseph Kemler, M. D.

, 19 (Address) 1908 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem Edward Wales	6 Feb 29

20 UNDERTAKER: Mt Zion Cem Co Leonard Wroten

ADDRESS: Pierce

Spec.—2-29-28—L. F. S.—500 Bks.

E 42658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

REGISTERED NO. E 42658

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 N. Central Ave ST., 10th (WARD)

2—FULL NAME Elizabeth Flack

(a) RESIDENCE NO. 930 N. Central Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., If foreign birth? 57 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
(or) WIFE of the late George Flack

DATE OF BIRTH (month, day, and year) July 4 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hair Dresser

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0 & b

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Peter J. Thome

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Krug

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mrs Mary Cobradic
(Address) 930 N Central Ave

15 FEB 7 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 6, 1929, that I last saw her alive on Feb 6, 1929 and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Oedema of the Lungs —

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thos J Corcoran M. D.

2/7, 1929 (Address) 1060 Cherry Hill St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemy	Febry 9 1929
20 UNDERTAKER	ADDRESS
Henry Hoeck's Sons, Inc.	1301 E Eager St

ec.—2-29-28—L. F. S.—500 Bks.

E 42659 HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

E 42659

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 521 S. Chapel ST. 2-4 WARD)

2—FULL NAME LILLIAN M. ECKERT

(a) RESIDENCE NO. 521 S. Chapel ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eckert

DATE OF BIRTH (month, day, and year) May 13, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Edwin Moffett

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth ~~Rettmyer~~ REDINGER

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Mr. Henry Eckert (Husband)

(Address) 521 S. Chapel St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to ~~June~~ Feb 5, 1929, that I last saw h in alive on Feb, 1929 and that death occurred, on the date stated above, at 5.23 a. m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arthritis + Heart failure

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & symptoms

(Signed) Jay A. Rothrock, M. D.

19 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb. 8. 1929

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY.

ec.—2-29-28—L. F. S.—500 Bks.

E 42660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 42660

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E. Fairmount Ave. ST 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME CATHERINE C. PAULSACKEL

(a) RESIDENCE NO. 2215 E. Fairmount Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Paulsackel

DATE OF BIRTH (month, day, and year) December 31, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Christian G. Noz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: Mr. August Roehner (Brother-in-Law)

(Address) 2215 E. Fairmount Ave.

Filed FEB 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2 . 1929 . to Feb. 5 . 1929 . that I last saw h[illegible] alive on Feb. 4 . 1929 and that death occurred, on the date stated above, at 5.00 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Long M. D.

2/5 . 1929 (Address) 221 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Matthew's Cemetery	Feb. 8. 1929
20 UNDERTAKER: Henry Sander & Sons. Inc	ADDRESS: BALTIMORE ST. & BROADWAY.

E 42661 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH ~~Mercy~~ First floor 1805 Barclay 12-19 Registered No. C.....

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Frank Purvis.

(Residence in Baltimore: No. 1805 Barclay St., ... St.; yrs. 28 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

6-DATE OF BIRTH. December 26, 1900
(Month) (Day) (Year)

7-AGE. 28 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer). Penna. R. R. Co

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James O. Purvis

11-BIRTHPLACE OF FATHER. (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Annie Frederick

13-BIRTHPLACE OF MOTHER. (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Purvis,

(Address) 1805 Barclay St.,

15- FEB 7 - 1929 C. Edward Jones, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 5 - 29
(Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of vertebra caused by jumping from window or above
Contributory Suicide
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Fahy M. D.
(Coroner)

Feb 6 192 9 (Address) 1639 Bradford

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Feb. 7, 1929

UNDERTAKER. E. Leroy Stiffler — ADDRESS. 125 E. North Ave.

Spec.-7-17-26—A Co.—200 Blks.

42662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 32 E 42662

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aloysius Fetsch

(a) RESIDENCE NO. Hubner Ave, Catonsville Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. 6 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 - 1912

7 AGE	Years	Months	Days
	16	8	1

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Fetsch

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Bertie Dunn

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Henry Fetsch

(Address) Hubner ave Catonsville Md

Filed FEB 7 1929, 19 H. A. Foy Jones, M. D. Registrar

By Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/1/29, 19, to 2/7/29, 19,

that I last saw he alive on 2/7/29, 19,

and that death occurred, on the date stated above, at 7:35 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculer Meningitis

(duration) yrs. mos. 12 da.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

Date of Burial 2/9 1929

20 UNDERTAKER Jack Laurs

ADDRESS 1439 E. Eager St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42663

CERTIFICATE OF DEATH.

198

E 42663

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Joseph Hospital St. 15-21 Ward)

2-FULL NAME Sarah Silverman

(a) RESIDENCE NO. 1603 N. Payson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rahmen Silverman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer 031

9 BIRTHPLACE (city or town) .....

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Russia

14 Informant Morris Silverman (Son)

(Address) 2014 Westwood Ave

15 Filed DEC 7 - 1925 G. H. Wilkins M. D. Registrar

very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage- Stabbed in back & left lung. by Frank Pervis (Insanity)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Pentz M. D.

(Coroner)

2/6/25 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 2/7 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42664

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 12-50 Ward)

2-FULL NAME Charles Carroll Stack

(a) RESIDENCE NO. S. E. Cor. Calvert & 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 8 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

90 ✓ E 42664

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Clarke

6 DATE OF BIRTH (month, day, and year): October 27, 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer): Carroll, Dunham

(c) Name of employer: Smith Pharmaceutical Co.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Stack

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: ------

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: John C. Stack

(Address): Calvert & 30th Sts.

15 Filed 7-1929 C. Hayes Jours, M. D. Registrar

Per Keen

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia- Enlarged Prostate Gland

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Cowan (Coroner) ... M. D.

2/6/29 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial: 2/? 19 29

20 UNDERTAKER: Henry U. Mears

ADDRESS: 800 W. Saratoga St.

Spec.—1-10-21 M&T—1500 Blks.

E 42665 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Howard Kelly Hospital

CITY OF BALTIMORE: (No. 1718 Eutaw Place ST. or WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME May Brown

(a) RESIDENCE No. Vancouver ST. B.C. WARD Canada

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: 58 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bideford England

PARENTS

10 NAME OF FATHER John Hilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bideford England

12 MAIDEN NAME OF MOTHER Jane Hilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bideford England

14 Informant Arthur J. Brown

(Address) 224 38th St Oakland Cal

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Feb 7, 1929.

that I last saw her alive on Feb 6, 1929

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach with probable metastatic involvement.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Vancouver

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Edward Kelly, M. D.

Feb 7 1929 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bewicville ontario Woodstock ontario Canada DATE OF BURIAL Feb 7 1929

20 UNDERTAKER R.R. Destination ADDRESS Chas. G. Black 742 W. Northave

ec.—2-29-28—L. F. S.—500 Bks.

E 42666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42666

69

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1514 Division ST., 713 WARD)

2—FULL NAME Mamie Moore

(a) RESIDENCE NO. 935 Rutland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Will Moore

DATE OF BIRTH (month, day, and year): December 1901

AGE: Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Chester S. C.

10 NAME OF FATHER: Wm McEntosh

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Julia Chesters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Will Moore

(Address) 935 Rutland ave

15 Filed 7-1929, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1929, to Feb 5, 1929, that I last saw h[illegible] alive on Feb 5, 1929 and that death occurred, on the date stated above, at 3 05 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Hemorrhagica

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Internal Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Blood Exam

(Signed) W. F. Jackson M. D.

2/5, 1929 (Address) 600 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chester S. C.	Feb. 7, 1929
20 UNDERTAKER: Mrs R. A. Elliott	ADDRESS: 1715 Eutaw

Spec.--1-10-21--M&T--1500 Bks.

E 42667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (Street) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Larkins

(a) RESIDENCE, No. 1202 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Larkins

6 DATE OF BIRTH (month, day, and year) May 14. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	63	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Magistrate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Patrick Larkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary V. Larkins

(Address) 1202 Hanover St

15 Filed 7-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Feb 5, 1929, that I last saw him alive on Feb 4, 1929, and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

Absorption from intestine of products of putrefaction. (Intestinal obstruction)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis of branch of superior mesenteric artery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (-Dr) Date of 1-10, 1-14-29

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Thos C. Stacy, Jr, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Feb. 8 1929

20 UNDERTAKER M. S. Flynn

ADDRESS 1422 Light St

ec.—1-12-23—M&T—500 Bks.

E 42668 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 126 Broadway ST. 1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Taylor

(a) RESIDENCE NO. 1154 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysius Taylor

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years 53 Months — Days —

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Sheer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Nagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Aloysius Taylor (Address) 1154 Hanover ST

15 Filed 7-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 6, 1929, that I last saw h e alive on Feb 6, 1929 and that death occurred, on the date stated above, at 7 57 a m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Valvular Heart Disease with mitral Stenosis

(duration) 2+ yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) 2+ yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Findings

(Signed) Dan B. Sellers M. D.

Feb 6, 1929 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/9 1929

20 UNDERTAKER Edward Foulson

ADDRESS Wash Blvd

Spec.—1-10-21—M&T—1500 Bks.

E 42669 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100 E 42669

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 12 WARD)

2-FULL NAME Catherine Turner

(a) RESIDENCE NO. 910 N. Patterson Park Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16, 1880

7 AGE 48 Years | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Hospital records (Address)

15 - 1929 C. H. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 - 1929

17

I HEREBY CERTIFY, That I attended deceased from 2-2, 1929, to 2-6, 1929, that I last saw h alive on 2-6-29, 1929, and that death occurred, on the date stated above, at 11:47 PM.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 0 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) O. C. Turner M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent's Cemetery | DATE OF BURIAL Feby 9 1929

20 UNDERTAKER Robt L Turner Inc | ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 42670 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Bayard ST. 21-28 WARD 161-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Butler

(a) RESIDENCE No. 1227 Bayard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. 5½ How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 30 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Melchia Butler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Florence Anderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14

Informant Florence Butler, Baltimore
(Address)

15

Filed 2-7-1929 C. HAMPTON JONES, M.D. Registrar 3230 Bayard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 6, 1929,

that I last saw her alive on Feb 6, 1929,

and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity (23 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/7/29 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

FEB 7 - 1929

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42671

CERTIFICATE OF DEATH.

161-001

E 42671

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 5-8 Lewis, St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lewis

(a) RESIDENCE No. 1208 St. Matthews St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1929

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Eddie Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant [illegible]
(Address) [illegible]

15 FEB 7 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 2-6, 1929, that I last saw him alive on 2-6, 1929, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Johns Hopkins Hospital
JOHNS HOPKINS HOSPITAL
Baltimore Health
FEB 7 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42672

CERTIFICATE OF DEATH.

1929 E 42672

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital) 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice E. Anderson.

(a) RESIDENCE NO. 1229 Riverside Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Robert C. Anderson.

6 DATE OF BIRTH (month, day, and year) June 8, 1883.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45	7	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Theodore Geiser.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Susan Saylor.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Robert C. Anderson. (husband)

(Address) 1229 Riverside Ave.

15 Filed 19 C. HAMILTON JONES, M. D. Registrar.

Per

very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns about the body,
Dress caught fire by brushing against a lighted stove.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

2/7, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1229 Riverside Ave. Feb. 4, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md. Date of Burial Feb 8th 1929

20 UNDERTAKER Fred A. Schumacher. ADDRESS 703 Hanover

pec.—1-12-23—M&T—500 Bks.

E 42673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Mr. Frankenberg. Psychiatrist-grave

100-00 E 42673

1-PLACE OF DEATH 3038 Presstman St. (No.) 16-67 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2-FULL NAME Louis J. Stains

(a) RESIDENCE No. 3038 Presstman St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7th-1926

7 AGE: Years 2 Months 7 Days 29

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph. Stains

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Sandell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsa

14 Informant Joseph Stains
(Address) 3038 Presstman St

15 Filed 7 - 1929 Per [illegible] C. HAMPSON [illegible], M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 6, 1929, that I last saw h-ing alive on Feb 6, 1929 and that death occurred, on the date stated above, at 5 A. m

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary) Acute dilatation of Heart

Oedema of Lungs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) John A. J. Ratard M. D.

(Address) 1219 Eastland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 8 1929

20 UNDERTAKER: Fred. A. Krause — ADDRESS

pec.—1-12-23—M&T—500 Blks.

E 42674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Carroll ST. 21-29 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Deer

(a) RESIDENCE NO. 1222 Carroll ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard Deer

6 DATE OF BIRTH (month, day, and year): Nov 26 1853.

7 AGE: Years 75. Months 2 Days 11

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Hennegan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Charles Deer

(Address): 2652 Parkview Ave.

15 Filed: Feb 7 1929 C. HAXTON JONES, M. D. Registrar

Per: MWP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1929 to Feb 6 1929

that I last saw h[illegible] alive on Feb 5 1929

and that death occurred, on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

CONTRIBUTORY (Secondary) (duration) Senile Impairment yrs mos 10 ds

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Hanssman M. D.

2/7 1929 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Feb 9th 1929

20 UNDERTAKER: Fred A. Krause

ADDRESS: 703 Hanover

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42675

CERTIFICATE OF DEATH.

90 E 42675

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Park ave St. 11-24 WARD)

2-FULL NAME Mary Ellen Beauchamp

(a) RESIDENCE NO. 807 Park ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): mar 7-1839

7 AGE — Years: 89 — Months: 11 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Beauchamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A DeWalter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Miss Lillian Beuchamp

(Address): 807 Park ave

15 Filed , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-7 1929

17 I HEREBY CERTIFY, That I attended deceased from Summer, 1927, to 6 Feb, 1929, that I last saw h[illegible] alive on 6 Feb, 1929, and that death occurred, on the date stated above, at 5 a m

The CAUSE OF DEATH* was as follows:

uremia - paralysis

(myocardial failure)

(duration) many yrs. — mos. — ds.

CONTRIBUTORY (Secondary): myocardial failure

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Boltz Hirsh M. D.

19 (Address) 7 E Fairmount Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb. 9th 1929

20 UNDERTAKER: Fred A. Krause & Son — ADDRESS: 703 Hanover

7-1929 C. HARRISON Jones M. D. Registrar

Spec. — 1-10-21 — MAT — 1500 lbs.

E 42676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. S. 12-44 (WARD)

REGISTERED NO. 101-606

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary A. Wilde

(a) RESIDENCE No. 3405 Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Late George C. Wilde

6 DATE OF BIRTH (month, day, and year) May 30-1865

7 AGE: Years 63 | Months 8 | Days 6 | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER R. V. McKim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Albert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Langenfield (Address) Pikesville Md

15 Filed FEB 7 1929, 19 C. HARPER JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb 6, 1929, that I last saw her alive on Feb 6, 1929, and that death occurred, on the date stated above, at 11:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis H. [illegible] M. D.

2/6, 1929 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fremont Cemetery — DATE OF BURIAL: Feb 9 1929

20 UNDERTAKER: Henry Jenkins Son & Co — ADDRESS: Orchard & Gallows Sts

c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42677

CERTIFICATE OF DEATH

1929

E 42677

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2117 Denison ST. 15-61 WARD)

2—FULL NAME Bessie E. Crawford

(a) RESIDENCE NO. 2117 Denison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Crawford

DATE OF BIRTH (month, day, and year) Sept. 26, 1861.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0?

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ann Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

Informant Mr. Wm. F. Crawford

(Address) 2117 Gramon St.

Filed 7-1929, 19 C. HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 6th. 1929.

17 I HEREBY CERTIFY, That I attended deceased from March, 19 29 to Feb 6, 19 1929

that I last saw her alive on Feb 6, 19 29

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolus
Myocarditis
Chronic Parenchymatous Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? usual

(Signed) Emma E. Magel, M. D.

2/7, 19 29 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 2/9/ 1929

20 UNDERTAKER: David Sondheim

ADDRESS: 1520 W. Mt. Royal Ave.

Desc.—6-9-19—H. P. Co.—1000 Bks.

E 42678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-061 E 42678

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Eutaw St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Mulligan

(a) RESIDENCE. No. 1110 Eutaw St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Mulligan

6 DATE OF BIRTH (month, day, and year): Aug. 21, 1858

7 AGE: Years 70 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

71

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thos. Grogan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Eason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary A. Mulligan

(Address) 1110 Eutaw St.

15 Filed FEB 7 - 1929 C. Howard Davis, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Feb 6, 1929, that I last saw h— alive on Feb 4, 1929, and that death occurred, on the date stated above, at 11 8 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1110 Eutaw

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

, 19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Feb 9. 1929

20 UNDERTAKER: Eda Kuhnhold

ADDRESS: 910 Fremont Ave

Spec.—1-12-23—M&T—500 Blks.

E 42679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42679

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Allen

(a) RESIDENCE NO. Preston + Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER James Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary Curran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Little Sisters of the Poor (Address) Preston + Valley Sts

15 Filed 1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1929

17

I HEREBY CERTIFY, That I attended deceased from My record, 19, to, 19,

that I last saw h Sr alive on Feby 6, 1929,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Carcinoma of Liver

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 8 1929

20 UNDERTAKER Rida Riedfeld ADDRESS 914 Greenmt Ave

Spec.—1-12-23—M&T—500 Bks.

E 42680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 42680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie. Craighton

(a) RESIDENCE NO. Preston + Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Little Sisters of the Poor

(Address) Preston + Valley St

15 Filed 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1929

17

I HEREBY CERTIFY, That I attended deceased from [illegible], 19 , to , 19 ,

that I last saw her alive on July 6 , 1929 ,

and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

(a) Chronic enterocolitis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Brown, M. D.

Jan 7, 1929 (Address) 1833 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL July 9 1929

20 UNDERTAKER Rita Riedefeld — ADDRESS 914 Fremont Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42681

CERTIFICATE OF DEATH.

111-001

E 42681

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1009 S. Kenwood ave St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Veronica Rostek

(a) RESIDENCE NO. 1009 S. Kenwood St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leo Rostek

6 DATE OF BIRTH (month, day, and year): July 26 1902

7 AGE — Years: 26 — Months: 6 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER: Felix Jeromin

11 BIRTHPLACE OF FATHER (city or town): Poland

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Ruthowska

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

14 Informant: Mr Leo Rostek

(Address) 1009 S Kenwood ave

Filed _____ 19____ _____ Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Stomach Ulcer probably Cancer + Lesser peritonitis

(duration) ____ yrs. ____ mos. 1/2 ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James McKenlon M. D. (Coroner)

27, 1929 (Address) 700 Chauncey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

[Where was disease contracted, if not at place of death]

Former or usual residence

19, PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial: Feb 11 1929

20 UNDERTAKER: John H Weber ADDRESS: 401 Chester

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42682

CERTIFICATE OF DEATH

129 E 42682

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Oakhill ST., 9th WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick F. Hoban

(a) RESIDENCE NO. 1921 Oak Hill Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alicia Hunter

DATE OF BIRTH (month, day, and year): Nov 20 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Potter

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Mc. Nicholas

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Wm Hoban

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs P. Hoban

(Address) 1921 Oak Hill Ave

15 Filed 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 5-29

17 I HEREBY CERTIFY, That I attended deceased from October, 19 28, to Feby 5, 19 29

that I last saw h alive on Feby 3, 19 29

and that death occurred, on the date stated above, at 3 40 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Sclerosis - Chr Nephritis -
Myocarditis -

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Usual res

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symp

(Signed) F J Kelly, M. D.

2/7, 1929 (Address) 1108 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 8 1929

20 UNDERTAKER: Mary M Friedfeld — ADDRESS: 501 E 22nd St

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42683 | E 42683

101-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Beaumont ~~St.~~ Ave. WARD) 27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ellen Curtis

(a) RESIDENCE NO. 640 Beaumont Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): Nov-26-1890

AGE: 38 Years 39 | Months 3 | Days 10 | If LESS than 1 day, ...hrs. or ...min. 11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Bernard Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret McGrath

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs M Lynn

(Address) 640 Beaumont Ave

15 Filed 7-1929 C. HAMPSON JONES, M.D. Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1929, to Feb. 5, 1929

that I last saw h[illegible] alive on Feb. 4, 1929

and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia + pleurisy of both sides

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary): Bronchial asthma

(duration) 15 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation - nurse (Mrs - pleurisy)

(Signed) E. T. Bouchelle, M. D.

2-7, 1929 (Address) 210 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: Feb 8 1929

UNDERTAKER: Mary M. Hatfield | ADDRESS: 501 E 22nd St

Spec.—1-10-21—M&T—1500 Blks.

E 42684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 42684

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 W Baltimore St. 20-69 WARD)

2-FULL NAME Jane Herbert

(a) RESIDENCE NO. 2139 W. Baltimore St., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M Herbert

6 DATE OF BIRTH (month, day, and year) Oct 8 1844

7 AGE Years 84 Months 3 Days 29 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John M. Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Stephens
(Address) 2139 W Balt St

15 Filed - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 8 1928 to Feby 6 1929, that I last saw her alive on Feby 6 1929, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. J. Turlington M. D.

, 19 (Address) 1026 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 2/8/29

UNDERTAKER Emp & Staley Fulton ADDRESS Fayette

ec.—2-29-28—L. F. S.—500 Bks.

E 42685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42685

1—PLACE OF DEATH Baltimore

REGISTERED NO. 27-47

CITY OF BALTIMORE: (No. 4304 Wickford Rd. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Poulson Conradt

(a) RESIDENCE NO. 305 Somerset Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Conradt

DATE OF BIRTH (month, day, and year) Aug. 19, 1836

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Poulson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---

12 MAIDEN NAME OF MOTHER ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ---

14 Informant Mr. C. L. Conradt

(Address 2400 16 St., NW, Wash., D. C.

15 Filed ..., 19... [illegible] M. D.

1529 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6, 29

17 I HEREBY CERTIFY, That I attended deceased from Jany 29, 1929, to Feby 6, 1929, that I last saw h.r alive on Feby 6, 1929 and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Delany Thomas, M. D.

, 19 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 8, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Pla

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42686 E 42686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1335 Carroll St. (WARD) 41-29 41-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Ford

(a) RESIDENCE NO. 1335 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1928

7 AGE: Years 1 | Months | Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Foster Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Betty Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Foster Ford
(Address) 1335 Carroll St.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar.

FEB 8 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/ 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1929 to 2/6/, 1929 that I last saw h— alive on 2/6/, 1929 and that death occurred, on the date stated above at 2/9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Shepherd Dorsey, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL 2/8 1929

20 UNDERTAKER Walter B. Spigg — ADDRESS 1394 Hanley St.

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42687

CERTIFICATE OF DEATH

101-001

E 42687

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (WARD) 16

2—FULL NAME Exbourn Albritain

(a) RESIDENCE NO. (Usual place of abode) 829 Lemmon St.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Christian

DATE OF BIRTH (month, day, and year) Unk 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	30			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER Wm Christian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Sallie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Carrie Christian

(Address) 829 Lemmon St

15 Dec. ..., 19... C. HAMPSON JONES, M. D.

FEB 8 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-29

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-6-, 1929, that I last saw h[illegible] alive on 2-6-, 1929, and that death occurred, on the date stated above, at 8:09 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) hrs. Mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic syphilis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/31/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Jackson, M. D.

2/7, 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hampton Va.

DATE OF BURIAL: Feb. 8 1929

20 UNDERTAKER: John H. Snead

ADDRESS 1027 Druid Hill

ec.—1-12-23—M&T—500 Bks.

42688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 Edmondson Ave ST. 6-26 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Russ.

(a) RESIDENCE NO. 1000 Edmondson Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colrd	Marrid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Russ

7 DATE OF BIRTH (month, day, and year) Unk

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER John Russ

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Emma Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Harriet Russ

(Address) 1000 Edmondson Ave

15 Filed FEB 8 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 5 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1928, to Feb. 5, 1929.

that I last saw him alive on Feb. 5, 1929.

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(duration) yrs. 2 mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinary.

(Signed) C. N. Pigott, M. D.

2/5, 1929 (Address) 1536 W. Hamilton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 8 1929

20 UNDERTAKER John W. Toadvine

ADDRESS 1027 Hanover

oc.—2-29-28—L. F. S.—500 Bks.

E 42689 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 42689

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2718 Bernard St. ST.) (WARD)

2—FULL NAME Edward E. Lehr.

(a) RESIDENCE NO. 2718 Bernard St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 24, 1928.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	12.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (Good)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) md.
(State or country)

10 NAME OF FATHER George E. Lehr.

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Ethel M. Hughes.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant George E. Lehr.
(Address) 2718 Bernard St.

15 Filed C. HAMPSON JONES, M. D.
Registrar.
8-8-1929.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929. to Feb 6, 1929.
that I last saw h. l. alive on Feb 6, 1929
and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:
Unresolved Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. N. Wilson M. D.

, 19 (Address) 873 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hamsden	Feb 9, 1929
20 UNDERTAKER	ADDRESS
Chunowith Son	3415 Chestnut Ave

ec.—2-29-28—L. F. S.—500 Bks.

42690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E. 42690

REGISTERED NO.

1—PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 12-49 ST., WARD)

2—FULL NAME Mrs. Eleanor Brannan

(a) RESIDENCE NO. Greenway Apts ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 80 yrs. 3 mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

DATE OF BIRTH (month, day, and year): Oct 14 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of wurk: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Solomon Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Hospital Records

(Address) Union H

15 Filed ..... 19 ..... JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Feb 7, 1929, that I last saw h.e alive on Feb 6, 1929, and that death occurred, on the date stated above, at 1^00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) J. Sevoy Taylor M.D. M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feb 9, 1929
20 UNDERTAKER	ADDRESS
Stewart & Co	Balto.

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42691

CERTIFICATE OF DEATH

31 V

E 42691

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-60 WARD)

2—FULL NAME Sister Theresa Geoghegan

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 50 yrs. 1 mos. — ds. How long in U. S., if foreign birth 70 yrs. 1 mon. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer) 65

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER William Geoghegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catharine McKay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mt Hope Friends

(Address)

Filed ..... 19 ..... Registrar

FEB 8 - 1929 BALTIMORE, MD.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/1929.

17

I HEREBY CERTIFY. That I attended deceased from 1/28 . 1929. to Feb. 6 . 1929.

that I last saw her alive on Feb. 5 . 19

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

General arteria Sclerosis

Chronic fibrinous [illegible] Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) Francis P. Magee M. D.

. 19 (Address) 3326 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Retreat Cemetery

DATE OF BURIAL Feb 8 19 29

20 UNDERTAKER Stewart & Co

ADDRESS Balto

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42692

CERTIFICATE OF DEATH

31 E 42692

1—PLACE OF DEATH — REGISTERED NO. 16-22

CITY OF BALTIMORE: (No. 1136 N. Vincent ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Henry Reed

(a) RESIDENCE NO. 1136 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) G & D

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Wm Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Catherine Thomas

(Address) 1136 N. Vincent St

15 Filed FEB 9 - 1929 HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 '29

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to July 5, 1929

that I last saw him alive on July 5, 1929

and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) David E. Yaguel M. D.

2/7, 1929 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	2-8 1929
20 UNDERTAKER	ADDRESS
J. Daniel Carter	916 Eager

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42693

CERTIFICATE OF DEATH

49 E 42693

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 3406 Ellamont Road ST. 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles E. Farson

(a) RESIDENCE NO. 3406 Ellamont Road ST., WARD
(Usual place of abode)

ngth of residenre in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maida Farson

DATE OF BIRTH (month, day, and year) Jan. 5, 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	1	-	

OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Musician

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer Self

BIRTHPLACE (rity or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John D. Farson

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D. C.

12 MAIDEN NAME OF MOTHER Annie Helling

13 BIRTHPLACE OF MOTHER (rity or town) Richmond
(State or rountry) Virginia

14 Informant Mrs. Maida S. Farson
(Address) 3406 Ellamont Road

FEB 8 - 1929 HARRISON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Jan 5, 1929

that I last saw h. im alive on Jan 5, 1929

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, culture, & microscopical

(Signed) Nathan Hillel Gosh, M. D.

, 19 (Address) 2304 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb. 8 19 29
20 UNDERTAKER [illegible]	ADDRESS 1002 W. Baltimore St

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42694

100-001

100 E 42694

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Kenwood ST., 9-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Blanche Beckham

(a) RESIDENCE NO. 622 N. Kenwood Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of The late Thomas E. Beckham

DATE OF BIRTH (month, day, and year) Aug 2-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	6	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER William Roder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Holt Kown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant J. Loyd Beckham

(Address) 622 N. Kenwood Ave

15 Filed 8-1929, 19 C. HAMPSON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to Feb 5, 1929, that I last saw her alive on Feb 5, 1929 and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis - Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray - examination

(Signed) Louis H. Kummer, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery Va.	Feb 8 1929.
20 UNDERTAKER	ADDRESS
Geo C Miller & Son	2314 Jeffer-St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42695

CERTIFICATE OF DEATH.

100-001

E 42695

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hosp 14-59 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Blumberg

(a) RESIDENCE NO. 2213 Penna Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Blumberg.

6 DATE OF BIRTH (month, day, and year) Jan 2 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Russia.

(State or country)

PARENTS

10 NAME OF FATHER Morris L Blumberg

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Annie Rose Mayer

13 BIRTHPLACE OF MOTHER (city or town) Russia.

(State or country)

14 Informant Minnie Blumberg

(Address) 2213 Penna Ave

Filed B 3 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 7th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F B Linthicum M. D.

(Address) Feb 7 1929 Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2213 Penna Ave

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Park Ave

Date of Burial 2-8-1929

UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore

Very Important [illegible]

HEALTH OFFICER [illegible] M. D.

...e.—2-29-28—L. F. S.—500 Blks.

42696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62 E 42696

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital 15-bb ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Harris

(a) RESIDENCE NO. 1623 Warwick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2-4-29

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md. Gen Hosp
(State or country) Balto Md.

10 NAME OF FATHER Joseph R Harris Jr

11 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)

12 MAIDEN NAME OF MOTHER Jessie Hamner

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Hospital Records

(Address)

15 Filed FEB 8 - 1929 W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4-29

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 19 29, to 2-4, 19 29

that I last saw him alive on 2-4, 19 29

and that death occurred, on the date stated above, at 5.20 P.m.

The CAUSE OF DEATH* was as follows:

Enlarged Thymus
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of 2-4-29

Was there an autopsy? Yes Pathology.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/7/29, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Hogan.

ADDRESS

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42697

CERTIFICATE OF DEATH

+ 129

E 42697

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE; (No.) So. Balto. Gen. Hosp. ST.) 4-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel T. Dunlap

(a) RESIDENCE NO. Pasadena, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Dunlap

DATE OF BIRTH (month, day, and year) 3/31/1877

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51 52	10	6 5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Melvin Dunlap.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Laura Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Hospital Records.

(Address)

Filed 3-1929 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/29

17 I HEREBY CERTIFY, That I attended deceased from 2/0, 1929, to 2/6, 1929, that I last saw him alive on 2/6, 1929 and that death occurred, on the date stated above, at 9:20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Unknown

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) Unknown

18 Where was disease contracted if not at place of death? Pasadena, Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. Fitzgerald Cade, M. D.

2/6, 1929 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayothy Cemetery — DATE OF BURIAL Feb 9 1929

20 UNDERTAKER John F Denny — ADDRESS 415 Light St

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42698

CERTIFICATE OF DEATH

11-001

E 42698

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 226 W. Hamburg ST., 23-31 WARD)

2—FULL NAME Annie Hoy

(a) RESIDENCE NO. 226 W. Hamburg ST., 23 WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Hoy

DATE OF BIRTH (month, day, and year): — 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	-	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): " 070

(c) Name of employer: "

BIRTHPLACE (city or town) (State or country): md

10 NAME OF FATHER: Geo. Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Annie Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

4 Informant: Rosie Butler

(Address) 226 W Hamburg St

5 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/6/29

17 I HEREBY CERTIFY, That I attended deceased from 1/25/29, to 2/6/29,

that I last saw him alive on 2/6/29,

and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 7 days

CONTRIBUTORY (Secondary) Recurrent Bronchitis probably Influenza (duration) about yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Gunby Bosley, M. D.

2/7/29 (Address) 908 N Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Ca Md — DATE OF BURIAL: Feb 9 1929

20 UNDERTAKER: D H Brown & Son — ADDRESS: 108 N Monday St

FEB 8 1929 PARSON JONES M

Dec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42699

CERTIFICATE OF DEATH.

161-001 E 42699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 E. Lombard ST., 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lumena Inez Rose

(a) RESIDENCE NO. 3716 E Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25 1928

7 AGE — Years | 1 Months | 13 Days | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Albert M. Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lillian Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Albert M. Rose

(Address) 3716 E Lombard St.

15 Filed FEB 8 - 1929 19 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1929, to Feb 7th, 1929, that I last saw her alive on Feb 7th, 1929, and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. 7½ mos. M ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Monninger M. D.

2-7, 1929 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Stanford Road. DATE OF BURIAL: February 8 1929

20 UNDERTAKER: Henry Hoyer Sons, Inc. ADDRESS: 1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 42700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42700

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mongomery Wards 17-24 Ward)

2-FULL NAME John Menego (Manego)

(a) RESIDENCE NO. 508 S. Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Menego

6 DATE OF BIRTH (month, day, and year) Nov. 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	2	3	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Polir 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mongomery Ward

9 BIRTHPLACE (city or town)

(State or country) S. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Carrie Jarrett

(Address) 508 S Hoffman St

Filed FEB 3 - 1929 H. A. Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas H Brooke M. D.

(Coroner) 5 W Scott

1/7 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston S.C. Date of Burial 1/8 1929

20 UNDERTAKER Samuel Wemsley ADDRESS 528 E Balto

...c.—2-29-28—L. F. S.—500 Bks.

E 42701 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 42701

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 N. Robinson ST. 6-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee R. Airey

(a) RESIDENCE NO. 326 N. Robinson (Usual place of abode) WARD

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Mar.

If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Ethel V. Airey

DATE OF BIRTH (month, day, and year): Jan 26-1899

AGE: Years 30 Months Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Thos J. Airey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary F. Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ethel V. Airey

(Address) 326 N. Robinson

15 Filed 8 1929 (19) HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 6/29

17 I HEREBY CERTIFY, That I attended deceased from Nov, N. 1928, to Feb 6 1929.

that I last saw him alive on Feb 5 1929.

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Wassermann Tests

(Signed) J. M. Dalencett M. D.

1929 (Address) 621 Washington Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Feb 9, 1929

UNDERTAKER: John A. Inman — ADDRESS: 3710 E. Baltimore

...c.—2-29-28—L. F. S.—500 Bks.

E 42702 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH

E 42702

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 900 Coke Alley ST. 10-12 (WARD)

2—FULL NAME John Fountain.

(a) RESIDENCE No. 900 Coke Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fountain

DATE OF BIRTH (month, day, and year) 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Benj. F. Fountain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah E. Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lavenia Fountain

(Address) 324 Forest St.

15 Filed Feb 8 1929, 19... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6-1929

17 I HEREBY CERTIFY That I attended deceased from Feb 4, 1929, to Feb 6, 1929, that I last saw h... alive on Feb 6 1929 and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. Keller, M. D.

Feb 9 1929 (Address) 508 Sumter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Feb. 9 29
21 UNDERTAKER Chas. W. Johnson #671	ADDRESS Carolina St.

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42703

CERTIFICATE OF DEATH

90

E 42703

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 S Conkling (ST.) 26-27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Joseph Hillen

(a) RESIDENCE NO. 15 South Conkling St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Hillen

DATE OF BIRTH (month, day, and year): ~~June~~ August 4. 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	~~75~~	8	6	

OCCUPATION OF DECEASED 2/11/29 Joseph Pokorny M.D.

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Bohemia

NAME OF FATHER: Mr Joseph Hillen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia.

Informant: Mrs. Frances Hillen

(Address) 15 South Conkling St.

FILED FEB 8 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Thurs Feb 7, 29.

17 I HEREBY CERTIFY, That I attended deceased from October, 1928, to Feb 7, 1929, that I last saw him alive on Feb 7, 1929, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Arterial Hypertension

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary): acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2225 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Mon Feb 9 1929.

20 UNDERTAKER: August Pasek — ADDRESS: 2406 E. Ashland Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42704

CERTIFICATE OF DEATH.

7 E 42704

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland & Monument ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rona Hyatt

(a) RESIDENCE NO. 1071 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Abe Hyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Behrens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abe Hyatt

(Address) 1071 Myrtle Ave

FEB 3 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 1929, to 2-7, 1929,

that I last saw h[illegible] alive on 2-7, 1929

and that death occurred, on the date stated above, at 3:5 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Spinal puncture

(Signed) Milton Thayer M. D.

2/7, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Behren Rosedale

DATE OF BURIAL 2/8 1929

UNDERTAKER Jack Laurs

ADDRESS 1439 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

Report

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42705

CERTIFICATE OF DEATH.

E 42705

100-001

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland Ave & Remington Ave) 15-58 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Nipsnt

(a) RESIDENCE No. 4200 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 19-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benjamin Nipsnt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edith Hersh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant D. Nipsnt (Address) 4200 Reisterstown Rd

15 Filed DEC 6 - 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1929

17

I HEREBY CERTIFY, That I attended deceased from 2-3, 1929, to 2-8, 1929, that I last saw him alive on 2-7, 1929, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs mos 6 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Murray Hersey M. D.

1/8, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrer Rosedale DATE OF BURIAL 1/8 1929

20 UNDERTAKER Jack Levis ADDRESS 1439 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 42706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42706

101-021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 914 Parish St. (Ward) 16-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Estelle Harris

(a) RESIDENCE NO. 914 Parish St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5-15-28

7 AGE: Years — Months 8 — Days 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Estelle Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co., Md

14 Informant Bernard Harris (Address) 914 Parish St

15 FEB 8- 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-31-1929 to 2-7-1929 that I last saw h[er] alive on 2-6-1929 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Rickets about

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Ross M. D.

2-8, 1929 (Address) 1616 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Feb 9 1929

20 UNDERTAKER Harry W. Chase & Son — ADDRESS 1400 Madison

c.—2-29-28—L. F. S.—500 Bks.

E 42707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002

E 42707

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Purnell Hawkins

(a) RESIDENCE NO. 1102 Booth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	

If married, widowed, or divorced HUSBAND of (or) WIFE of child

DATE OF BIRTH (month, day, and year) Dec. 5, 1928

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Purnell Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Victoria Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Victoria Hopkins

(Address) 1102 Booth St.

15 Filed 2-8-1929 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-29

17 I HEREBY CERTIFY, That I attended deceased from 2/4/, 1929, to 2/7, 1929 that I last saw him alive on 2/6/, 1929 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Disease
Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry Ginsberg, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Feb 8, 1929

20 UNDERTAKER Kate R. Williams — ADDRESS 812 Madison Ave

...—2-29-28—L. F. S.—500 Bka.

E 42708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 42708

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 2808 Rosalie Ave. ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Milton P.Henneman,

(a) RESIDENCE NO. 2808 Rosalie Ave. ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, and year) October 1.1882

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Book Binder

(b) General nature of industry, business, or establishment in which employed (or employer) ob't

(c) Name of employer Himself,

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Geo.H.Henneman,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary R.Lillenthal.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs Leslie S. Thomas

(Address) 2808 Rosalie Ave

Filed DEC - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1928, to ~~March~~ Feb 7, 1929, that I last saw h... alive on ... 19.., and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic infection Uraemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Frame, M. D.

19 (Address) 612 N 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 19

UNDERTAKER D Geo W Little

ADDRESS

c.—2-29-28—L. F. S.—500 Bks.

42709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 E 42709

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Balt. City Hospitals 10-27 ST., (COUNTY WARD)

2—FULL NAME Leo M. Patterson (PATTERSON.)

(a) RESIDENCE NO. 335 S. Leigh ST. 26 WARD
(Usual place of abode)

ngth of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Patterson

ATE OF BIRTH (month, day, and year): Sept 16th 1896

AGE: 32 Years 33 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electric Work

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Sanitary

(c) Name of employer: Mfg. Co.

BIRTHPLACE (city or town) (State or country): LINCOLN NEBRASKA / Nebraska

10 NAME OF FATHER: John Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Iowa

12 MAIDEN NAME OF MOTHER: Watt ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): NEBRASKA / Nebraska

Informant: Annie E. Patterson Wife

(Address) 335 S. Lehigh St.

Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/6/29

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 19 29, to 2/6, 19 29, that I last saw h alive on 2/6, 19 29 and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

Generalized Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 2/4/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Autopsy

(Signed) R. M. Finch M. D.

19 (Address) Balt. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Feb. 11th 1929

20 UNDERTAKER: Lilly & Geier Inc

ADDRESS: 403 S. Wolfe St.

E 42710

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42710

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Aged Home 27-54 ST. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Ely

(Residence in Baltimore: No. Hebrew Aged Home St.: 16 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7-AGE: 92 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Israel Rifkin

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Lena —

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Kerchner

(Address) 2606 Quantico ave

Filed FEB 9 - 1929, 19..

H. HARRISON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb — (Month) 8 — (Day), 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb - 5 - 1929 to Feb - 8 - 1929 that I saw h er alive on Feb - 8 - 1929 and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) not known — yrs. mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) Herman Seidel M. D.

Feb-8- 1929 (Address) 2404 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 2/8 1929

20-UNDERTAKER: Sol Harrison — ADDRESS 1127 E Balto st

IS VERY IMPORTANT. SEE INSTRUCTION ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

~~2A 804~~ ~~2A 42711~~ E 42711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5:30 P.M.

129

REGISTERED NO. E 42711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 26-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Cox

(a) RESIDENCE No. 6609 Danville ave Colgate Md St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Frederick R Cox

6 DATE OF BIRTH (month, day, and year) Aug 23 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	20	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Pearl

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Lydia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 8 1929 C. HAMPSON JONES, M. D. Registrar

By ..... Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to Feb 6, 1929.

that I last saw her alive on Feb 6, 1929.

and that death occurred, on the date stated above, at 5:46 P.m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic Nephritis
Anuria

(duration) ? 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Studies Urine

(Signed) C H Bunger, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 2/9 1929

20 UNDERTAKER William Cook

ADDRESS 1214 St Paul

Cor.—12[illegible]—7-A[illegible]—200 Bks.

E 42712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 42712

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1210 Thomas Pl. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Brown

(a) RESIDENCE NO. 1210 Thomas Pl. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Chas Brown

6 DATE OF BIRTH (month, day, and year): Oct 6 th 1878

7 AGE — Years: 50 Months: 4 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Edward J Stephenson

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Otto

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Chas Brown

(Address) 1210 Thomas Pl

15 Filed [illegible] 19[illegible] HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Apoplexy (duration) [illegible] yrs. [illegible] mos. Sudden

CONTRIBUTORY (Secondary) (duration) [illegible] mos. [illegible] ds.

(Signed) J. E. Levi M. D. (Coroner)

(Address) 1[illegible] North Ave & Baker

(Date) Feb 7th 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — Date of Burial: 2/18 1929

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42713

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

S. Riley 100-00

E 42713

REGISTERED NO.

City of BALTIMORE: (No. 1602 ~~By~~Paul Street St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresea N.Rossi

(a) RESIDENCE NO. 1602 St Paul Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 23rd, 1928

7 AGE: Years — Months 2 — Days 15/4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

10 NAME OF FATHER John Rossi

11 BIRTHPLACE OF FATHER (city or town): Penna

(State or country) Nellie Shaw

12 MAIDEN NAME OF MOTHER Nellie Shaw

13 BIRTHPLACE OF MOTHER (city or town): Penna

(State or country)

PARENTS

14 Informant: John Rossi (Address) 1602 St Paul St

15 Filed ..... 19..... HAMPSON JONES, M. D. Registrar

FEB 8 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 Feby. 29 1929

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Acute Bronchitis

Duration 1 day

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Feb 28 (Signed) H S Riley (Coroner) M. D.

1929 (Address) 1602 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 2/28 1929

20 UNDERTAKER: William Cook ADDRESS 1717 St Paul

...ec.—2-29-28—L. F. S.—600 Bks.

42714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

817 Hamilton Terrace

101-001 E 42714

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1813 Hope Street ST., 9-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Kennedy

(a) RESIDENCE NO. 1813 Hope Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kennedy

DATE OF BIRTH (month, day, and year) Nov, 9th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	74	2	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER James McDonell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lillian Mc Donell

(Address) 1813 Hope Street

15 Filed ..... 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 192[illegible]

17 I HEREBY CERTIFY, That I attended deceased from Feby 6 ..... 19 24 to Feby 7 ..... 19 29

that I last saw h[illegible] alive on Feby 6 ..... 19 29

and that death occurred, on the date stated above, at 745, A[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletiere, M. D.

19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 2-8th 29

20 UNDERTAKER William Cook

ADDRESS 217 St Paul

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 42715

E-P 42715 DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1146 W Hamburg St. 21 29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel May Schmelz

(a) RESIDENCE NO. 1146 W Hamburg St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 6th, 1894

7 AGE: Years 34 | Months 4 5 | Days 20 | * IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book folder

(b) General nature of industry, business, or establishment in which employed (or employer): Book Binding

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Henry Schmelz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balt, Md

12 MAIDEN NAME OF MOTHER: Anna R Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Laurel, Md

14 Informant: Anna R Schmelz

(Address): 1146 W Hamburg St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feb 6th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th 1929, to Feb 6th, 1929.

that I last saw h[illegible] alive on Feb. 2nd, 1929.

and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumothorax (Spontaneous)

(duration) yrs. mos. 14 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings & History

(Signed) Alex Hirsenstadt, M. D.

2/7/1929 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: 2/8 1929

20 UNDERTAKER: William Cook

ADDRESS: 1117 St Paul

[illegible] HAMILTON JONES, M. D.

Registrar

ec.—1-12-53—M&T—500 Bks.

42716 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42716

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. 1-3 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Nilles

(a) RESIDENCE NO. 2525 Flat ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	not obtained

6a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Christine

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
about	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) City Hospitals

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Patient (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 6 1929

17 I HEREBY CERTIFY, That I attended deceased from 11-23 1928 to 2-6 1929.

that I last saw him alive on 2-6 1929.

and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia
bilateral right

(duration) yrs. mos 5 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Clinical

(Signed) P. M. Hicks M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 2/8 1929

20 UNDERTAKER William Cook — ADDRESS 1121 St Paul

BALTIMORE CITY HOSPITALS
JAMES H. JAMESON JONES M.D.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42717

CERTIFICATE OF DEATH

11

E 42717

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beverly Schuster

(a) RESIDENCE NO. 3705 Northwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2 1919

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	9	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) md

PARENTS

10 NAME OF FATHER Nelson Schuster

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Carter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mr. Nelson Schuster

(Address) 3705 Northwood Rd.

15 Filed ____ 19 ____ Registrar

Very Important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/29 19

17

I HEREBY CERTIFY, That I attended deceased from 2/3/29, 19____, to 2/5/29, 19____,

that I last saw h~~e~~ alive on 2/3/29, 19____,

and that death occurred, on the date stated above, at 11:35 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 2/4/29

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Druid Ridge	Feb. 8, 1929
20 UNDERTAKER	ADDRESS
Harry N. Pitz	531 N. Lombard St.

1929 C. THOMSON JONES M. D.

...—2-29-28—L. F. S.—500 Blks.

E 42718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42718

CERTIFICATE OF DEATH

47

I—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. 1102 S. Paca St. ST. 21-24 WARD)

2—FULL NAME Mary A. Manning

(a) RESIDENCE NO. 1102 S. Paca St. ST.

(Usual place of abode) WARD

...gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Prentice Manning

...DATE OF BIRTH (month, day, and year) June 7, 1853.

...GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	30 29	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Frank Warns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Ostendo...

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Prentice Manning

(Address) 1102 S. Paca St.

Filed 2-9-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to Feb 6, 1929, that I last saw h... alive on Feb 5, 1929 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1927

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) C. Hampson Jones, M. D.

2/9, 1929 (Address) 517 Law.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 9, 29

20 UNDERTAKER: Harry S. Watts, 1531 N.

ADDRESS: Loudon

c.—2-29-28—L. F. S.—500 Bks.

See Letter in file from R M Hoch MD Dated 2-9-29

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42719

CERTIFICATE OF DEATH

34 E 42719

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

ITY OF BALTIMORE—(No.) Lillian Rise ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Bracon

(a) RESIDENCE NO. 20 S Bethel ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	bt 44			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework Patient 087
(b) General nature of industry, business, or establishment in which employed (or employer): Cancer
(c) Name of employer: not sick

BIRTHPLACE (city or town) (State or country): Balto City Md No History

10 NAME OF FATHER: George Burbon Married

11 BIRTHPLACE OF FATHER (City or town) (State or country): Fred K Co Md

12 MAIDEN NAME OF MOTHER: Lydia Fisher

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Fred K Co Md

Informant: Annie Rice (Husband) 4 Buzzy Wilson Sister
(Address)

BALTIMORE CITY HOSPITALS

FEB 8 1929

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-29

17

I HEREBY CERTIFY, That I attended deceased from 2-6-29 to 2-6-29

that I last saw her alive on 2-6-29

and that death occurred, on the date stated above, at 9.45A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE: Interred and buried in Asbury Cem | DATE OF BURIAL 2/11/29

20 UNDERTAKER: Robert E Williams | ADDRESS 1515 McElderry St

...—2-29-28—L. F. S.—500 Bks.

E 42720 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH 129 E 42720

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (WARD) REGISTERED NO.

2—FULL NAME Charles Howard (Dead) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 919 Hanover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1865

AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington D. C.

10 NAME OF FATHER John Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant

(Address)

Filed 3-8 1929 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/25

17 I HEREBY CERTIFY, That I attended deceased from 9/7, 19 24, to 2/6, 19 25, that I last saw him alive on 2/6, 19 25, and that death occurred, on the date stated above, at 10:50 m.

The CAUSE OF DEATH* was as follows:

1 Gangrene of Intestines
Chr. Int. Obstruction
Chr. Hypertrophy of Prostate

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Hook M. D.

. 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
MAR 8 - 1929

c.—2-29-28—L. F. S.—500 Bks.

42721

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

E 42721

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST. 17-25 WARD)

2—FULL NAME William Stewart

(a) RESIDENCE NO. 415 Pearl ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Col	wid

If married, widowed, or divorced HUSBAND of (or) WIFE of nor given

ATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
48				

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Geo Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Winnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Patient

(Address) BALTIMORE CITY HOSPITALS

Filed 19 [illegible] HAMPSON JONES, M. D. Registrar

3286

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-29

17

I HEREBY CERTIFY, That I attended deceased from 1-24, 1929, to 2-3, 1929, that I last saw him alive on 2-3, 1929, and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia, Bilateral

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) H. [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

FEB 8-1929

Spec.—1-10-21—M&T—1500 Bks.

Seldan Retherton

E 42722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 42722

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W Murray Industrial Ob 25-73 ST. WARD)

2-FULL NAME Seldan Retherton

(a) RESIDENCE NO. W Murray Industrical ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper boy

(b) General nature of industry, business, or establishment in which employed (or employer) Ohio

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Step A. S. Seaward

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant A. S. Seaward (Address) Landover Md.

15 Filed FEB 8 1929 C. HAMPSON JONES, M. D., Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/28, 1929, to 2/7, 1929, that I last saw h alive on 2/7, 1929, and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Path Examination

(Signed) H. Adams M. D.

2/8, 1929 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hyattsville Md — DATE OF BURIAL FEB 8 1929

20 UNDERTAKER F Gasch & Sons — ADDRESS Hyattsville Md

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42723

CERTIFICATE OF DEATH

74-0022

E 42723

1—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 2952 Presstman ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Miller,

(a) RESIDENCE NO. 2952 Presstman ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Miller,

DATE OF BIRTH (month, day, and year) October 9.1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 43 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna.R.R.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jacob Miller,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Margaret Miller

(Address) 2952 Presstman St

Filed 1-8-1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Feb. 8, 1929, that I last saw h[illegible] alive on Feb. 8, 1929 and that death occurred, on the date stated above, at 8.9. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Chronic arteriosclerosis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Uremia & Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home deaths

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Examination

(Signed) H O Mason, M. D.

1/8, 1929 (Address) 804 Dolphin Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 42724 555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42724

8 40 P.M.

CERTIFICATE OF DEATH.

× 155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noira Dyer

(a) RESIDENCE NO. Plain City Ohio ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A J Dyer.

6 DATE OF BIRTH (month, day, and year) April 20 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	72	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Joshua Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Harriet Tuttle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 14 1929 to Feb 7 1929, that I last saw her alive on Feb 7 1929, and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of floor of orbit (rt), paraocular abscess (rt.)

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Senility, arthritis deformans

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1/19/29 1/28/29 2/1/29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) E. E. Douglas M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL COLUMBUS. OHIO.

DATE OF BURIAL Feb 8 1929

20 UNDERTAKER The Sherwood Undertaking Co

ADDRESS

...—2-29-28—L. F. S.—500 Bks.

E 42725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11 ✓ E 42725

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Howard & Madison ST., 11-24 WARD)

2—FULL NAME Helen Gorsuch

(a) RESIDENCE NO. Fork, Md ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) April 8, 1888

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer): 048

(c) Name of employer

IRTHPLACE (city or town) (State or country): Fork Md

10 NAME OF FATHER James F. H. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co, Md

12 MAIDEN NAME OF MOTHER Annie P. Riddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fork, Md

Informant: Hospital Record.

(Address)

Filed 1929, 19 HAMPSON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 8, 1929,

that I last saw h alive on Feb 8, 1929

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Appendicual abscess.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 5, 1929

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) H. L. Reifschneider, M. D.

Feb 9 1929 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fork M. E. Cemetery	Feb. 9 1929
20 UNDERTAKER C. E. Arthur	ADDRESS Fork Md.

Cor.—10-10-29—A Co.—100 Bks.

E 42726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42726

1-PLACE OF DEATH

City of Baltimore: (No. En route to University Hospital

2-FULL NAME Thomas P. Gildea

(a) RESIDENCE NO. 942 N. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	84			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flour
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Thomas Gildea

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

(Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Feb-8 1929

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42727

CERTIFICATE OF DEATH

42727

1—PLACE OF DEATH Md. Gen. Hosp

REGISTERED NO. 11-24

TY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carroll Latane Jenkins

(a) RESIDENCE NO. Baltsville Md. ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 22 - 21

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Alexander Va

10 NAME OF FATHER James Appleton Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfax Co Va

12 MAIDEN NAME OF MOTHER Mazie Wiltaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Loudoun Co Va

Informant Hospital Record
(Address)

Filed . 19 Registrar

3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-29

17 I HEREBY CERTIFY, That I attended deceased from 2-5-29, 19 .., to 2-7-29, 19 ..,
that I last saw h alive on 2-7, 1929
and that death occurred, on the date stated above, at 6 55 P m.

The CAUSE OF DEATH* was as follows:

Gliama Brain.

(duration) ! yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 2-7-29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno A Sappington M.D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beltsville Md Lowndes

DATE OF BURIAL Feb 10 1929

20 UNDERTAKER Edward R Forbes

ADDRESS Laurel

c.—1-12-23—M&T—500 Bks.

42728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 42728

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 Linden Avenue (St.) 14-70 (Ward)

2-FULL NAME James G. Fairbank

(a) RESIDENCE NO. 1612 Linden Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 4 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Adaline Ripple

6 DATE OF BIRTH (month, day, and year) July 3, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Fairbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Katherine Whitter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Maryland

14 Informant James G. Fairbank Jr.

(Address) 3712 Greenmount Avenue

15 Filed ..... 19 ..... By .....

8-1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1926 to Feb 7th 1929 that I last saw him alive on Feb 7th 1929 and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Post Pyriform Growth (Probably Malignant)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 1927

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Hossick, M. D.

, 19 (Address) 1700 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/9 19 29

20 UNDERTAKER Henry H. Mears and Son

ADDRESS 805 N. Calvert

c.—2-29-28—L. F. S.—500 Bks.

E 42729 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42729

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 908 S. Hanover ST. 23-31 WARD)

2—FULL NAME Laura R. Hagner

(a) RESIDENCE NO. 908 S. Hanover ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Hagner

ATE OF BIRTH (month, day, and year) Feb. 14, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

BIRTHPLACE (city or town) Millville
(State or country) New Jersey

10 NAME OF FATHER Robert Dilks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

4 Informant Mr. George H. McQuigg
(Address) 908 S. Hanover St.

5 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3/29, 19 ..., to Feb. 7/29, 19 ..., that I last saw h. er alive on Feb. 7/29, 19 ..., and that death occurred, on the date stated above, at 10.42 P m.

The CAUSE OF DEATH* was as follows:

Chronic Paranchymatous Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Uraemia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Hurds Cheney M. D.

Feb. 8/29 (Address) 933 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Feb. 11 19 29

20 UNDERTAKER [illegible] (O K)

ADDRESS 1003 West Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42730

CERTIFICATE OF DEATH.

E 42730

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Millington ST., 713 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Chester

(a) RESIDENCE No. 1620 Millington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 31 1928

7 AGE — Years: — Months: 10 — Days: 7 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER Norman Chesley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Jennie Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Jennie Chester

(Address): 1620 Millington st

15 Filed [illegible] 1929 — [illegible] Registrar.

C. HAMPSON JONES, M. D.

Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/29 19

17

I HEREBY CERTIFY, That I attended deceased from 2/5/29, 19.., to 2/7/29, 19.., that I last saw him alive on 2/6/29, 19.., and that death occurred, on the date stated above, at 6 a M m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ally L Haag M. D.

(Address) 706 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 2-8th 1929

20 UNDERTAKER: Jas. W. Skinner

ADDRESS: 1626 D. Madison

Spec—12-23-21—E.B.R.S.—400 Pks.

E 42731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42731

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

Registered No.

City of BALTIMORE (No. 1725 E. Lombard 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jucion Mateja

(a) Residence No. 2047 E Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~ (Write the word) Married

5a-If married, widowed or divorced HUSBAND of (or WIFE of) Stefania Mateja

6-DATE OF BIRTH (month, day and year) 1884

7-AGE 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland.

PARENTS.

10-NAME OF FATHER Ignacy Mateja

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12-MAIDEN NAME OF MOTHER Luzowska.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Poland.

14- (Informant) Jur Mateja

(Address) 1725 E Lombard St

15- Filed FEB 8 1929

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 6/29

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1929 to Feb. 6 1929

that I last saw h— alive on Feb. 6 1929

and that death occurred, on the date stated above, at 5-25 P m

The CAUSE OF DEATH* was as follows: Angina Pectoris

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Anton Kurkowski M. D.

, 19 (Address) 2079 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary DATE OF BURIAL. Feb 9 1929

20-UNDERTAKER. F W Ozazewski ADDRESS 1980 Eastern Ave

ec.—2-29-28—L. F. S.—500 Bks.

42732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 42732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 834 S Kenwood Ave. WARD) 1-3

2—FULL NAME Martin Andrzejewski

(a) RESIDENCE NO. 834 S. Kenwood Ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER John Andrzejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Lisk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Jos Andrzejewski

(Address) 834 S Kenwood Ave

Filed [illegible] 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1929 to Feb 6 1929

that I last saw h[illegible] alive on Feb 6 1929

and that death occurred, on the date stated above, at 4 AM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H Sweet M. D.

. 19 (Address) 801 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb 11 1929
UNDERTAKER W Orazefski	ADDRESS 1930 Eastern Av

Cor.—12-9-25—A Co.—200 Bks.

E 42733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 42733

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 2-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Esler

(a) RESIDENCE NO. 521 S. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Esler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Manie Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wm. Rose

(Address) 521 S. Durham St

15 Filed 8-1929, 19 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

Tetany

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Hall Cullen (Coroner) M. D.

2/8/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm. Counsel Cem. Date of Burial 2/11/1929

20 UNDERTAKER F. Wyazewski ADDRESS 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

E 42734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42734

49

1-PLACE OF DEATH 818 W. 40th Street.

CITY OF BALTIMORE: (No. Baltimore, Md ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME T. Barton Jones

(a) RESIDENCE NO. 818 W. 40th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Marion H. Jones

6 DATE OF BIRTH (month, day, and year): Mar 3 1851

7 AGE: 77 Years 11 Months 4 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor 073

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Contractor

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Winchester Virginia

PARENTS

10 NAME OF FATHER: W. Strother Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Winchester Virginia

12 MAIDEN NAME OF MOTHER: Mary E. Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredericksburg Va

14 Informant: H R Harrison (Address): Poplar Hill Rd

15 Filed 8-1929 19

C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb. 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25 1928 to Feb. 7 1929 that I last saw him alive on Feb. 6 1929 and that death occurred, on the date stated above, at 7-40A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland with generalized metastases.

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Terminal Lobar Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hospital

(Signed) H. Gibson Porter M. D.

(Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: Feb 9 1929

20 UNDERTAKER: Henry W. Jenkins Sons Co

ADDRESS: Pennsylvania Ave & Orchard

...—2-29-28—L. F. S.—500 Bks.

E 42735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42735

CERTIFICATE OF DEATH

58-002

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. 33d + Calvert ST., 11-24 WARD)

2—FULL NAME Jack Ewing Jr

(a) RESIDENCE NO. 13 W. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

...DATE OF BIRTH (month, day, and year) Aug. 30, 1928

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	5	8	

...OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Jack S. Ewing Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carlyn Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Parent

(Address) 13 W. Chase St

...Filed 8 1929, 19... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 8, 1929

that I last saw him alive on Feb 8, 1929

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Primary Anemia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Wallace Stevenson Jarden, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
D. Thomas Garrison Md	Feb 9 1929
20 UNDERTAKER	ADDRESS
Henry W. Lauenroth Sons Co	McCulloh + Orchard Sts.

...—2-29-28—L. F. S.—500 Blks.

E 42736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Duker Court ST. 2-4 WARD)

REGISTERED NO. 159 E 42736

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Purzycki

(a) RESIDENCE NO. 2000 Duker Court ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 23 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jacub L Purzycki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen Anuszewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Helen Purzycki

(Address) 2000 Duker Court

Filed 2-8-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1929

17

I HEREBY CERTIFY, That I attended deceased from Mch 1, 1927, to Feb. 8, 1929, that I last saw him alive on Feb. 8, 1929 and that death occurred, on the date stated above, at 7.55 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John L. Szczucki, M. D.

(Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	9 1929
20 UNDERTAKER	ADDRESS
John M. Weber & Son	Chester St.

ec.—2-29-28—L. F. S.—500 Bks.

E 42737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 42737

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Poplar Grove ST. 20-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beal E. Cavey.

(a) RESIDENCE NO. 522 Poplar Grove ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale.	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Cavey.

DATE OF BIRTH (month, day, and year) Nov. 22, 1871.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57.	2.	16.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B. & O. Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/3

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

10 NAME OF FATHER Ezekial Cavey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Rebecca Tracey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harpers Ferry.

Informant Mary C. Cavey, (Wife).

(Address) 522 Poplar Grove St.

Filed 2-28-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.7.29.

17 I HEREBY CERTIFY, That I attended deceased from 2.4. 1929 to 2.7. 1929

that I last saw him alive on 2.7.29. 1929

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edward Norris M. D.

2.8. 1929 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Feb 9, 1929

20 UNDERTAKER A. Howard Evans ADDRESS 37 E Fayette

...—2-29-28—L. F. S.—500 Blks.

E 42738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Entry ✓ 928 E North Ave

129 E 42738

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 E North Ave ST., 9-18 (WARD)

2—FULL NAME Thomas Foley

(a) RESIDENCE NO. 1216 E North Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Foley

DATE OF BIRTH (month, day, and year) June 22, 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Foley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Elizabeth Dudley

(Address) 1216 E North Ave

Filed FEB 8 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8. 1929

17 I HEREBY CERTIFY, That I attended deceased from JAN 6 - 1929, 19..., to FEB 8 - 1929, 19...,

that I last saw him alive on FEB 8 - 1929, 19...,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 3 yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Test

(Signed) Otto H. Duke M. D.

FEB 8, 1929 (Address) 926 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem

DATE OF BURIAL 2/18 1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Gold St

...—2-29-28—L. F. S.—500 Bks.

E 42739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42739

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Bragonier

(a) RESIDENCE NO. North Beach Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): M.

If married, widowed, or divorced HUSBAND of (or) WIFE of: divorced.

DATE OF BIRTH (month, day, and year): 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pharmacist.

(b) General nature of industry, business, or establishment in which employed (or employer): 025

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: A. J. Bragonier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliz. Wager

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Patient

(Address)

Filed 8 1929, 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 19 29, to Feb 7, 19 29,

that I last saw him alive on Feb 7, 19 29,

and that death occurred, on the date stated above, at 1045 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary): Gangrene Left Foot & Leg.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No,

What test confirmed diagnosis?

(Signed) E. F. Gunbach, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Church Middletown Md

DATE OF BURIAL: 2 9 29

UNDERTAKER: Wm E Cook

ADDRESS: 1215 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

E 42740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 L E 42740

REGISTERED NO.

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. City Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Courtney Enry

(a) RESIDENCE NO. 729 Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 55 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer: Baltimore City

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Wm A Enry

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Lilly Beckworth

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: George A Enry

(Address) 1821 Lanvale St

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Thrombosis

(duration) Few days yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenlon M. D.

(Coroner)

2/8 1929 (Address) 7002 Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem Date of Burial 2/11 1929

20 UNDERTAKER: Wm Cook ADDRESS 1217 W Saratoga St

...e.—1-12-23—M&T—500 Bks.

E 42741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 15-21 ST.) (WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Susie Kaul

(a) RESIDENCE No. 727 Preatury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid.

a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

DATE OF BIRTH (month, day and year) 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
72	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Phillip Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Brother

15 Filed 3-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-12 1929, to 2-8 1929, that I last saw him alive on 2-8 1929, and that death occurred, on the date stated above, at 4.00 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis Chr., Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Ulceration of Legs

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. [illegible] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westerly Balto

DATE OF BURIAL 2-11 1929

20 UNDERTAKER Wm Cook

ADDRESS 1225 Fulton

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42742 E 42742

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1710 Chesapeake Ave Hamilton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma J Green

(a) RESIDENCE NO. 1710 Chesapeake Ave Hamilton Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced. (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of Married Wm Green

DATE OF BIRTH (month, day, and year) 1880

AGE 49

Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/0

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Wm Green

(Address) 1710 Chesapeake Ave

Filed 2-8 1929 . 19 C. HAMPSON JONES, M. D.

By BCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 20 . 1929 . to Feb 8 . 1929

that I last saw h alive on Feb 8 . 1929

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Cerebral Hemorrhage

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-8-1929 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Co. Md

New Lutheran

20 UNDERTAKER H. M. Snyder

DATE OF BURIAL Feb. 11 1929

ADDRESS Mt. Airy Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42743

CERTIFICATE OF DEATH.

154-28

E 42743

1-PLACE OF DEATH

City of BALTIMORE: (No. 1805 Bruntsfield-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Keyler Jr.

(a) RESIDENCE NO. 1805 Bruntsfield Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Feb 7

7 AGE — Years: — Months: — Days: One — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Julius Keyler Sr

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Gertrude Reesing

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Julius Keyler

(Address): 1805 Bruntsfield

15 Filed 1929 Per 3237 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue Baby

(duration) ..... yrs. ..... mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

(Address) ..... Feb 8 1929 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

FEB 8 - 1929

By Jos. E. Norman

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42744

CERTIFICATE OF DEATH

129 E 42744

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 2523 E Hoffman ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank J Germershausen

(a) RESIDENCE NO. 2523 E Hoffman ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily Wallam Germershausen

DATE OF BIRTH (month, day, and year): June 28th 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waterman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer: Md Ice Creamb's

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Louis Germershausen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Emily W. Germershausen

(Address) 2523 E. Hoffman St

Filed 2-8 1929 C. HAMPSON JONES, M. D. City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-29

17

I HEREBY CERTIFY, That I attended deceased from 2-1-29 to 2-28-29

that I last saw h alive on 2-26-29

and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,
Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

(Address) 600 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Feb 9th 1929
20 UNDERTAKER	**ADDRESS**
Leo S. Losch	1723 Patterson Park Ave

c.—2-29-28—L. F. S.—500 Blks.

E 42745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42745

1—PLACE OF DEATH

REGISTERED NO. 22-2090

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 536 W Canary ST. 22 WARD)

2—FULL NAME Sarah F A Wilson

(a) RESIDENCE NO. 536 W. Canary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 07 yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Fmale

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 027

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

Informant: John Wilson

(Address) 536 W Canary St

Filed 2-1929 C. HAMPSON JONES, M. D. Registrar

By RRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 6, 1929, that I last saw h alive on Feb 6, 1929, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion Valvular

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination by physician

(Signed) Charles F. Hinton, M. D.

Feb 7, 1929 (Address) 712 E. Mary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	2-9-1929
20 UNDERTAKER D. Samuel Carton	ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

E 42746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42746

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4222 Vermont Ave ST. 20-71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah C Federline

(a) RESIDENCE NO. 4222 Vermont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Federline

6 DATE OF BIRTH (month, day, and year) July 20 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard McGrossing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm Federline

(Address) 4222 Vermont

15 Filed 9-1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Feb 7, 1929, that I last saw h~ alive on Feb 7, 1929, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) James L Steinberger M. D.

2/8, 1929 (Address) 1729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarksville Md DATE OF BURIAL 2/11/29

20 UNDERTAKER Fenger & Fahey Fulton ADDRESS Lafayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42747

CERTIFICATE OF DEATH.

90 E 42747

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 250 N. Fulton St. 21-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David L. Carlington

(a) RESIDENCE NO. 250 N. Fulton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Lee Carlington

6 DATE OF BIRTH (month, day, and year) Dec 10 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	—	— 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 66

(c) Name of employer

9 BIRTHPLACE (city or town) Laurence

(State or country) S. C

PARENTS

10 NAME OF FATHER J L. Carlington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Elizabeth Duncan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S C.

14 Informant Helen Lee Carlington

(Address) 250. Fulton

15 Filed 9- 1929, 19 G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows Enlargement of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas O Brooks M. D.

(Coroner) S. W. B-n

2/8, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: SPARTANBURG Co. S.C. Date of Burial: FEB 12. 1929

20 UNDERTAKER: ROBERT BROOKS JSON ADDRESS: CALHOUN HOLLINS ST

[Oliva Fazio]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42748 — 100-001 42748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1730 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelo Segreto Oliva Fazio

(a) RESIDENCE NO. 568 So Sharp ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White Italian

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of "

7 DATE OF BIRTH (month, day, and year) 12-1-1854

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Italy

PARENTS

10 NAME OF FATHER No History obtainable Salvatore Medea

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Italy

12 MAIDEN NAME OF MOTHER Vincenza Pontoni

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Italy

14 Informant Sam. Fazio
(Address) BALTIMORE CITY HOSPITALS

15 Filed 4-29-1929 CHAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 2-8, 1929, that I last saw h[illegible] alive on 2-8, 1929, and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows: Myocarditis Arteriosclerosis Acute myocarditis

(duration) Unknown yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

(Address) BALTIMORE CITY HOSPITALS, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 2/11/29, 19

20 UNDERTAKER: Geo J Roth

ADDRESS: 172 Hanover

Cor.—12-9-25—A Co.—200 Bks.

E 42749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-09

E 42749

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Struthers

(a) RESIDENCE NO. 1004 Duke alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Struthers

6 DATE OF BIRTH (month, day, and year): 3/1/1889

7 AGE: Years 39 Months 11 Days 7

IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Carrie Braxton

(Address) 1004 Duke alley

15 Filed 1929 19 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner)

2-8, 1929 (Address) Coroners Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1004 Duke alley

Former or usual residence 1004 Duke alley

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial 2-10-29

20 UNDERTAKER: Geo. J. Roth ADDRESS 173 Hanover

...—1-12-23—MAT—500 Blks.

Lindenboro

HEALTH DEPARTMENT—CITY OF BALTIMORE

42750

CERTIFICATE OF DEATH.

GE 42750

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109. Morrison St., 25-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Lindenborn.

(a) RESIDENCE NO. 4109. Morrison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 1st-1928

AGE Years 6 Months 7 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard. Lindenborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes. Flowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard. Lindenborn

(Address) 4109. Morrison St

15 Filed 9-1929, 19 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 7, 1929, to Feby 8, 1929, that I last saw h[illegible] alive on 2-8, 1929, and that death occurred, on the date stated above, at 7.40 p. m.

The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia

24 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. 3 mos. weeks ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 104 E. Preston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Feb 9-1929

20 UNDERTAKER Fred P. Wenner

ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 42751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42751

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH Sinai Hospital REGISTERED NO. 76-41

CITY OF BALTIMORE: (No. Monument ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Rydman

(a) RESIDENCE No. 4803 Athea Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L Rydman

6 DATE OF BIRTH (month, day, and year): N. 1863

7 AGE: Years 65 (60) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas Rank

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sonn Kuon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: John L Rydman

(Address): 4803 Rydman Ave

FEB 9 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/8 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/7, 1929, to 2/8, 1929, that I last saw h[illegible] alive on 2/8, 1929, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis

Cardiac hypertrophy & dilatation

Cardiac decompensation

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Jordan M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem DATE OF BURIAL: 2/11 1929

20 UNDERTAKER: D John Weeks ADDRESS: 290 E Orleans

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42752

CERTIFICATE OF DEATH

32 E 42752

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No. 534 N. Bond ST., 7-9 WARD)

—FULL NAME Oliver Thomas

(a) RESIDENCE NO. 534 N. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Jul 19 1927

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	11	22	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Robert Thomas

11 BIRTHPLACE OF FATHER (city or town) Richmond Va.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Effort

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

Informant Robert Thomas

(Address) 534 N. Bond St

Filed ..., 19 C. HAMPSON JONES, M.

-1929 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-29

17 I HEREBY CERTIFY, That I attended deceased from 2-7, 1929, to 2-9, 1929, that I last saw h... alive on 2-8, 1929 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Probably Tuberculous Meningitis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

2-9, 1929 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	2-9 1929
20 UNDERTAKER	ADDRESS
Byron Knight	218 N. Eden Alley

Spec.—1-10-21—M&T—1500 Bks.

E 42753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1294 E 42753

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 11 Tournament St. 1124 WARD)

2-FULL NAME John A. Williar

(a) RESIDENCE NO. 811 W. Howard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced — (or) WIFE of: Sarah Elizabeth Williar

6 DATE OF BIRTH (month, day, and year): Feb 1-1851

7 AGE — Years: 78 — Months: 0 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Antiques

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md

PARENTS

10 NAME OF FATHER: Harry R. Williar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore. Md

12 MAIDEN NAME OF MOTHER: Sarah A. Whittemore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore. Md

14 Informant: John A. Williar

(Address): 2210 Evelyn Ave

15 Filed 1929 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 8, 1929, that I last saw h[illegible] alive on Feb 8, 1929, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-vascular Renal Disease. Cardiac Failure ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinic Lab. - Autopsy

(Signed) Herman Chase, M. D.

2/8, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 9 1929

20 UNDERTAKER: J. J. Dickey & Sons — ADDRESS: Balto

...—2-29-28—L. F. S.—500 Bks.

E 42754 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42754

CERTIFICATE OF DEATH

117

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. General Hospital ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Emma W. Reidel

(a) RESIDENCE NO. 2126 Eden St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Reidel

DATE OF BIRTH (month, day, and year): Oct. 10-1861

AGE: Years 67 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto - Md

10 NAME OF FATHER: Henry Woehler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Bernman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Hospital Records

(Address)

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-6, 1929, to 2-8, 1929, that I last saw h[illegible] alive on 2-8, 1929, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Chronic appendicitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 2-6-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. A. Compton M. D.

2/11/29 (Address) 1111 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb. 11 1929

20 UNDERTAKER: Wm. J. Hackett Sons — ADDRESS: N. Y Ave

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42755

CERTIFICATE OF DEATH

84 E 42755

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I—PLACE OF DEATH

TY OF BALTIMORE: (No. 1514 W. Baltimore ST. 14-27 WARD)

2—FULL NAME William F. Lehnert Sr.

(a) RESIDENCE NO. 1514 W. Baltimore St. ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Aug. 13, 1864

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	26	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 604

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Carl(Chas)Lehnert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Towson, Md.

12 MAIDEN NAME OF MOTHER Albethna Knapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant William F. Lehnert

(Address) 4404 Eastway, Guilford.

Filed B 3 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th. 1929

17 I HEREBY CERTIFY, That I attended deceased from January 3, 1927 to Feb. 8th. 1929.

that I last saw h in alive on Feb. 9th. 1929

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Newcomb M. D.

2/9. 1929 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 11 1929

20 UNDERTAKER George J. Smith

ADDRESS 1532 Harlem

Spec.—1-10-21—M&T—1500 Blks.

E 42756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42756

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Harlem Ave ST. 16-22 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester R. Pattebone

(a) RESIDENCE. No. 1916 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Hutchinson Pattebone

6 DATE OF BIRTH (month, day, and year) Dec. 1-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Alford A. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md

12 MAIDEN NAME OF MOTHER Ordinary Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md

14 Informant Lillian E. Marshall

(Address) 1916 Harlem Ave

Filed FEB 3 - 1929

C. HAMPSON JONES, M.D.

Per acw Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Febry 8, 1929, that I last saw h alive on Febry 7, 1929, and that death occurred, on the date stated above, at 2.05 p m.

The CAUSE OF DEATH* was as follows:

1 Hypostatic Pneumonia

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) George C. Hampson, M. D.

7/9, 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Feb 11 1929

20 UNDERTAKER George J. Smith

ADDRESS 1532 Halin

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42757

CERTIFICATE OF DEATH

29 E 42757

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 347 S. Calhoun St. ST. 14-29 WARD)

2—FULL NAME Rose Lee Russell

(a) RESIDENCE NO. 347 S. Calhoun St. ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Russell

ATE OF BIRTH (month, day, and year) Aug. 1, 1897

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Richard B. Drexel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant William C. Russell

(Address) 347 S. Calhoun St.

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

9-1929 Per ard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th. 1929

17

I HEREBY CERTIFY, That I attended deceased from January 17, 1929, to Feb. 8th., 1929, that I last saw her alive on Feb. 8th., 1929, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Brights Disease

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopay? Clinical

What test confirmed diagnosis?

(Signed) Edw. D. Cavalcade, M. D.

1/9, 19 29 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb. 14 1929
20 UNDERTAKER	ADDRESS
Martin Parker Jones	1627 N. Broadway

For.—1-12-23—M&T—100 Bks.

E 42758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 42758

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

TY OF BALTIMORE—(No.) 3443 Reisterstown Road (St.) 75-54 (Ward)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Frager

(a) RESIDENCE No. 3443 Reisterstown Road St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female. W.

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word): Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Frager.

DATE OF BIRTH (month, day, and year): April 15-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

027

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Harry McCubbin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Dorsey M. Sheets

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Walter Frager
(Address) 3443 Reisterstown Road

Filed 192

9-1929

..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia
Following Self Induced
Abortion

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John J. Romano (Coroner), M. D.

2/8, 192 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md	Feb 11 1929
20 UNDERTAKER	ADDRESS
Bankard & Son	Westminster Md

...—1-12-23—M&T—500 Bks.

E 42759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42759

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. [redacted] St.) (18-7b WARD)

2-FULL NAME Emily Jones

(a) RESIDENCE NO. 1100 W. Fairmont ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): wid

6 If married, widowed, or divorced HUSBAND of or) WIFE of ?

7 DATE OF BIRTH (month, day, and year) unk

8 AGE: 75 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rents ?
(Address) BALTIMORE CITY HOSPITALS

15 2-7-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 1928, to 2-7, 1929, that I last saw her alive on 2-7, 1929, and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. - Myocardial Insufficiency

(duration) ? yrs. over 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. Hampson Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb. 9, 1929

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS: 322 N Schroeder St

...—2-29-28—L. F. S.—500 Bks.

E 42760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-006

E 42760

1—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 233 E. Lafayette Ave WARD) 12-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Henry Wheeler

(a) RESIDENCE NO. 233 E Lafayette Ave, STR., WARD

(Usual place of abode)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Annie E Wheeler

ATE OF BIRTH (month, day, and year) Feb 28 1847

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	7 9	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanical Engineer (Retired) 056

(b) General nature of industry, business, or establishment in which employed (or employer) Machine Design.

(c) Name of employer Crown Cork & Seal Co.

IRTHPLACE (city or town) (State or country) Sykesville Balto Co Md.

10 NAME OF FATHER Edward Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Caroline M. Worden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Woodensburg Baltimore Co

Informant Clarence L Wheeler Jr

(Address) 2910 Collins Ferry Rd

Filed - 1929

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 - 1929

17

I HEREBY CERTIFY, That I attended deceased from February 4, 1929, to Feb 7, 1929, that I last saw h[illegible] alive on Feb 7, 1929 and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Hardening of Arteries (duration) yrs. 4 mos. ds.

18 Where was disease contracted If not at place of death? (duration) 2 yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry W. Miller, M. D.

2/8, 1929 (Address) 104 W. Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 11" 29
20 UNDERTAKER Harold L Cook	ADDRESS 1003 N Eutaw St

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42761

CERTIFICATE OF DEATH

100-09

E 42761

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Co [illegible] ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Bernard Bruce

(a) RESIDENCE NO. 302 Melrose ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Bruce

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Eliza Ethel Bruce

(Address) 302 W. Lanvale

Filed [illegible] 19 [illegible] C. P. JAMPSON JONES, M. D.

- 1929 - Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/29

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 1927, to 2/7, 1929, that I last saw him alive on 2/7, 1929 and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis of 4 th wk ftl.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jail

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. W. Hitch, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-9 1929
20 UNDERTAKER Dennis Eagles	ADDRESS 916 Cas

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42762

CERTIFICATE OF DEATH

90

E 42762

1—PLACE OF DEATH

REGISTERED NO. 25-79

CITY OF BALTIMORE: (No. 3103 Savoy Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert E. Lowman

(a) RESIDENCE NO. 3103 Savoy Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie M. Lowman

6 DATE OF BIRTH (month, day, and year) Nov 16. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md

10 NAME OF FATHER ~~John Lowman A. A. Co. Md.~~

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Nellie Pumphrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co. Md.

Informant Annie M. Lowman

(Address) 3103 Savoy Ave.

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 8, 1929, that I last saw h... alive on Feb 8, 1929, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical findings

(Signed) Jules Torti, M. D.

Feb 8, 1929 (Address) Govans Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship Cem.	Feb. 11 1929.
20 UNDERTAKER	ADDRESS
Wm. & Jno. W. Teufel & Son	801 W. Fayette

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 42763

CERTIFICATE OF DEATH

E 42763

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Ridgewood ST. 15-66 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Burgess Harcum

(a) RESIDENCE NO. 4115 Ridgewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elmyra Harcum

DATE OF BIRTH (month, day, and year) Feb 16 - 1853

AGE	Years	Months	Days 23	If LESS than 1 day, ... hrs. or ... min.
	75	11	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Cuthbert Harcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ellen A Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant James C. Harcum

(Address) 4115 Ridgewood

Filed FEB 9 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9-1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to February 9, 1929.

that I last saw him alive on Feb. 9 1929

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion 2 days

(duration) Myocarditis yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Feb 4/29

Was there an autopsy? No

What test confirmed diagnosis? Examination of Abdominal Fluid

(Signed) J M Doleuette, M. D.

Feb 9, 1929 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kilgore V	Feby 11 1929
20 UNDERTAKER	ADDRESS
H Newcomer Son	Westminster

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42764

CERTIFICATE OF DEATH

REGISTERED NO. E 42764

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3336 Cardenas Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph E. Hoderein

(a) RESIDENCE NO. 3336 Cardenas Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 7/29

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph E. Hoderein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Marie T. Biemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Joseph E. Hoderein

(Address) 3336 Cardenas Ave

Filed FEB 10 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 19 29, to Feb 8, 19 29

that I last saw h alive on Feb 8, 19 29

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryan M. D.

, 19 (Address) 8014 Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Feb. 10 1929

20 UNDERTAKER Lilly & Geiter Inc. — ADDRESS 409 S. Wolfe St

E 42765

Dec.—6-9-19—H. P. Co.—1600 Bks.

E 42765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5242 Linden Hghts. ave (or) 27-55 (WARD)

REGISTERED NO. x 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia G. Rigney

(a) RESIDENCE. No. 5242 Linden Hghts ave, WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. L. Rigney

6 DATE OF BIRTH (month, day, and year): aug 18/1860

7 AGE: Years 68; Months 5; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Daniel Hoffman.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Elizabeth Sifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mrs Jennie Rigney Dunham (Address) St Johnsville N.Y.

Filed 2-11 1929 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929, to February 9, 1929, that I last saw h W alive on Feb 8, 1929, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic and chronic interstitial nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic - Heller.

(Signed) Albert Mitchell, M. D.

2/9, 1929 (Address) 711 Mulberry Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Strasburg M E Cemetery — DATE OF BURIAL: Feb 11 1929

20 UNDERTAKER: P. Markline & Son White — ADDRESS: Ball md.

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 42766

E 42766

CERTIFICATE OF DEATH

REGISTERED NO.

1.—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2142 Pennsylvania ST. 15-6 WARD)

2.—FULL NAME Tobis Baum

(a) RESIDENCE NO. 2142 Pennsylvania ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Baum

DATE OF BIRTH (month, day, and year): [illegible]

AGE: Years 79 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Nathan Donick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hannah -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: J. Levine

(Address) 1439 Eutaw St

Filed [illegible] 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9-29

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Feb 8th, 1929, that I last saw h[illegible] alive on Feb 8th, 1929, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. 5 mos. 8 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & symptoms

(Signed) Dennis E. Rudesill, M. D.

, 19 (Address) 2225 Kenmore Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Cloverdale

DATE OF BURIAL: 2-10-1929

20 UNDERTAKER

ADDRESS

Jack Levine, 1439 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42767

CERTIFICATE OF DEATH.

E 42767
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. monument ST. 15-21 WARD)

2-FULL NAME Sol Greasman

(a) RESIDENCE No. 2007 Walbrook Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced? (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Greasman

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: A. Lewis
(Address): 1439 Ebaltz.

15 Filed 10 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/8 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/5 1928, to 2/8 1929,
that I last saw him alive on 2/8 1929,
and that death occurred, on the date stated above, at 5:35 P.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia L.L.L.
Cardiac decompensation

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X-ray

(Signed) A. A. Edmunds, M. D.
(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lulu Memorial — DATE OF BURIAL: 2-10-1929

20 UNDERTAKER: Jack Lewis, 1439 Ebaltz — ADDRESS

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42768

CERTIFICATE OF DEATH

46 E 42768

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 920 S Highland ave ST. 46-1 WARD)

2—FULL NAME Mamie Willey

(a) RESIDENCE NO. 920 S Highland ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 14-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER Joseph J. Hartman

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Eckert

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

Informant Barbara Hartman

(Address) 920 S Highland ave

Filed FEB 10 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Feb 8, 1929, that I last saw h[illegible] alive on Feb 8, 1929 and that death occurred, on the date stated above, at 2 25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus with metastases to liver & peritoneum.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4 or 5 years previous to death

Did an operation precede death? Date of hysterectomy and radium treatment

Was there an autopsy? No

What test confirmed diagnosis? previous history.

(Signed) Franklin Hazelhurst, M. D.

, 19 (Address) 4 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Feb 11 1929
20 UNDERTAKER	ADDRESS
George W Zirkler	1732 E Lafayette

...—2-29-28—L. F. S.—500 Bks.

E 42769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 42769

...—PLACE OF DEATH

...TY OF BALTIMORE: (No. 1106 N Bradford ST. 7-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...—FULL NAME George Whitley

(a) RESIDENCE NO. 1106 N Bradford ST., WARD
(Usual place of abode)

...gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Whitley

...ATE OF BIRTH (month, day, and year): July 12-1885

...GE: Years 43 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Albert Whitley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Amanda Brommel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Kate Whitley

(Address): 1106 N Bradford

Filed ..... 19..... [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 19..., to Feb 8, 1929, that I last saw h... alive on Feb 8, 19 29 and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Lemmon M. D.

2/9, 19 29 (Address) 718 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Patterson Park — DATE OF BURIAL: Feb 12 1929

20 UNDERTAKER: George W. Zinkler — ADDRESS: 1737 E Eager St

...c.—1-12-23—M&T—500 Bks.

42770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 42770

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 5716 Grandview Av (St.) 27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Hook

(a) RESIDENCE No. 5716 Grandview Av ST. 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

DATE OF BIRTH (month, day, and year): July 1, 1848

AGE: Years 80 Months 7 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): General housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Boyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Rachel Boyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co.

14 Informant: D. L. Hook Dtr

(Address): 5716 Grandview Av

15 Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1927, to Feb 9, 1927, that I last saw h alive on Feb 9th, 1927, and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows: Influenza

CONTRIBUTORY (Secondary) (duration) yrs. 5 mos. ds.: Paralysis Agitans

Fatal Hem (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical

(Signed) Sherman R. Wynn, M. D.

, 19 (Address) 2601 Manhattan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 11, 1929
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E. Eager

[illegible] HAMILTON JONES, M.

c.—1-12-23—M&T—500 Bks.

E 42771 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42771

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 Illchester Ave WARD) 2250

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan M. Kelly

(a) RESIDENCE NO. 447 Illchester Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm F. Kelly

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Patrick Fay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Susan Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daughter Mrs. Kelly

(Address) 447 Illchester Ave

15 Filed FEB 15 1929 19 [illegible] Registrar

HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Feb 7, 1929.

that I last saw her alive on Feb 7, 1929.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Kelly M. D.

19 29 (Address) 436 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Horford Rd	Feb 11, 1929
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E. Eager St

...c.—1-12-23—M&T—500 Bks.

E 42772 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore 2nd Precinct 10 100 REGISTERED NO.

ITY OF BALTIMORE: (No. 70-10 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John F. Breyer.

(a) RESIDENCE No. 2907 Edmondson Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or ~~divorced~~
(or) ~~WIFE of~~ HUSBAND of Augusta Breyer

DATE OF BIRTH (month, day, and year) Jan 9 1867

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	62	1	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Gotlieb Breyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosenia Steigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Augusta Breyer (Address) 2907 Edmondson Ave

15 Filed FEB 10 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1929 to Feb. 9, 1929

that I last saw him alive on Feb. 9 1929

and that death occurred, on the date stated above, at 9:10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. Sanborn M. D.

2/9, 1929 Address) West Balt. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Western DATE OF BURIAL 19

UNDERTAKER D. Geo W Little ADDRESS

.—2-29-28—L. F. S.—500 Blks.

Louis Fancy

HEALTH DEPARTMENT—CITY OF BALTIMORE

42773

71-001

E 42773

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 423 Kenneth Sq. ST. 27-48 WARD

2—FULL NAME Louis Fancy

(a) RESIDENCE NO. 423 Kenneth Sq. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Q. Fancy

DATE OF BIRTH (month, day, and year): Dec. 5, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer: B & O. Ry.

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Joseph Fancy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Mary D. Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Elizabeth Q. Fancy

(Address) 423 Kenneth Sq.

FEB 13 1929

C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8-29

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Feby 8, 1929.

That I last saw alive on Feby 8 1929

and that death occurred, on the date stated above, at 9.30 p m

The CAUSE OF DEATH* was as follows:

Meningitis Simplex.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Hemiplegia. 1925. Arteriosclerosis

(duration) Indefinite

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Finkinger, M. D.

2-10-29 (Address) 682 Work Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Feb. 11, 1929

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: 1422 Light St.

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75-002

E 42774

1—PLACE OF DEATH E 42774 REGISTERED NO.

CITY OF BALTIMORE; (No. 1504 Covington ST., 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John J. Keys

(a) RESIDENCE NO. 1504 Covington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion Smith Keys

6 DATE OF BIRTH (month, day, and year): Feb. 12. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Park Employee

(c) Name of employer:

7 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Ferdinand Keys

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Myrtle Keys

(Address): 1504 Covington St.

Filed ..... 19 .....

HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 5/29, 19..., to Feb 8/29, 19..., that I last saw ... alive on Feb 8/29, 19..., and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Pneumonia (Hypostatic) Central

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N/K

Did an operation precede death? N/K Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hampton B Holt, M. D.

Feb 8/29 (Address) 1402 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb 11, 1929
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1402 Light St

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42775

CERTIFICATE OF DEATH

E 42775

1—PLACE OF DEATH Balto City Hospl. REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. Balto Md St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Whiting Grisewold

(a) RESIDENCE NO. 219 N. Fulton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Grisewold

6 DATE OF BIRTH (month, day, and year) July 27 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, bosiness, or establishment in which employed (or employer) Painter 50

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER Elias Grisewold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

Informant Balto City Hospt.

(Address) Balto Md.

Filed 2 10 1929 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1929

17 I HEREBY CERTIFY, That I attended deceased from 10-24 1928 to 2-8 1929.

that I last saw him alive on 2-8 1929

and that death occurred, on the date stated above, at 1148 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis = Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Harry Goodstein M. D.

2/4. 1929 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/1 1929

20 UNDERTAKER J. W. Cook

ADDRESS 1217 St Paul St

...—2-29-28—L. F. S.—500 Bks.

Miss Clara Howard ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42776 — E 42776

CERTIFICATE OF DEATH

24-001

REGISTERED NO. 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. (WARD)

2—FULL NAME Miss Clara Howard

(a) RESIDENCE NO. 1612 John ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 14 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widnwed, or divorced HUSBAND nf (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/26/53

7 AGE — Years: 76 | Months: 0 | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, nr establishment in which employed (or employer): 6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER Benj. Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto -

12 MAIDEN NAME OF MOTHER (Miss) Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Hospital Records

(Address)

Filed FEB 10 1929 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/29

17 I HEREBY CERTIFY, That I attended deceased from 2-5 ..., 19 29, to 2-9 ..., 19 29, that I last saw her alive on 2-9- ..., 29 and that death occurred, on the date stated above, at 2:57 A m.

The CAUSE OF DEATH* was as follows:

Cerebral General Arterio-Sclerosis (Senile)

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duratinn) yrs. mos. 1 ds.

18 Where was disease cnntracted if not at place of death? At home

Did an operation precede death? No Date of none

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Thos. C. Hendricks, M. D.

2/10, 19 (Address) 1612 John St

*Give the Disease Causing Death, or If Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Drummond

DATE OF BURIAL 2/11 1929

20 UNDERTAKER: M. Dorn Cook

ADDRESS 1217 E Pond St

Spec.—1-10-21—M&T—1500 Blks.

E 42784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42777

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 WARD)

2-FULL NAME Sam Minkow

(a) RESIDENCE No. 2208 Orleans St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dina Minkow

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 51 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ex Pressman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Yettie?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 FILED 10 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Feb 10, 1929.

that I last saw h) M alive on Feb 10, 1929,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal hypertension disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Kruger M. D.

2/10, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cemetery — DATE OF BURIAL: 2-10-1929

20 UNDERTAKER: Jack Lewis — ADDRESS: 1432 Eutaw Pl

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42778

CERTIFICATE OF DEATH

90 E 42778

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 109 N Carlton ST. 16-26 (WARD)

2—FULL NAME Chas T. Stewart

(a) RESIDENCE NO. 109 N Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Col'd | 5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Watkins Stewart

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): 0'10

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Laura Coleman

(Address) 109 N Carlton

Filed FEB 10 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/29

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 19 ... to Feb 6, 19 29, that I last saw h... alive on Feb 5, 19 29 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? H Norwood

(Signed) H Norwood M. D.

2/10/29, 19 (Address) 739 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb 10 1929

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 322 1/2 Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

42779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 42779

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1812 Barclay St. 12-19 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Kratz (Thomas Kratz)

(a) Residence No. 1812 Barclay St. St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie L. Kratz

6-DATE OF BIRTH (month, day and year) Sept. 7, 1845

7-AGE. 83 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired 66

(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing Salesman

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Henry Kratz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Fishpaw

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant)..... Miss Nellie Kratz
(Address)..... 1812 Barclay St.

15- Dec. 1929 C. HAMPSON JONES, M. D.
1929 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 9th 1929

17- I HEREBY CERTIFY, That I attended deceased from January 28th 1929 to February 9th 1929

that I last saw him alive on Feb 8th 1929

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis - Old age

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tovey M. D.

2-9 1929 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Lorraine Cemetery	Feb. 11 1929
20-UNDERTAKER. E. Leroy Stiffler	ADDRESS 125 E. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

222128 E 42780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11-24 WARD)

REGISTERED NO. 129 E 42780

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adler Michel

(a) RESIDENCE No. 859 Park ave Westtower apts ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Michel

6 DATE OF BIRTH (month, day, and year): Sept —.

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mary Engleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Date received FEB 10 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 , 1929 , to Feb 8 , 1929 , that I last saw him alive on Feb 8 , 1929 , and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis - Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uncertain.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood chemistry + urinalysis.

(Signed) S. A. Gladstone, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb. 11, 1929

20 UNDERTAKER: E. Leroy Stiffler — ADDRESS: 125 E. North ave

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42781

CERTIFICATE OF DEATH

11-001

E 42781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 3629 Hickory Ave ST., 13 WARD)

2—FULL NAME Gertrude R. Spurrier

(a) RESIDENCE NO. 3629 Hickory Ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Spurrier

DATE OF BIRTH (month, day, and year): July 23-1879

AGE: Years 49 | Months 6 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Linen Dept.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Elite Laundry

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Joshua Frock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sue Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. D. Friedland

(Address): 4436 Newport Ave

15 Filed ..... 19 ..... JAMESON JONES, M. D. Registrar

FEB 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 3- 1929, to Feb 8 1929,

that I last saw h e alive on Feb 7- 1929

and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown, M. D.

2/9. 1929 (Address) 1837 Druid ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb. 11- 1929

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3163 Falls Road.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42782

CERTIFICATE OF DEATH.

89 ✓ E 42782

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 791 W Saratoga St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank W. Miller

(a) RESIDENCE NO. 291 W Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, ~~Married~~, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Miller

6 DATE OF BIRTH (month, day, and year): June 15th 1861

7 AGE: Years 67 | Months 7 | Days 21 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Potsdam

(State or country): Germany

PARENTS

10 NAME OF FATHER: Franz Miller

11 BIRTHPLACE OF FATHER (city or town): Potsdam

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Elizabeth Miller

(Address): 791 W. Saratoga st

15 Filed FEB 10 1929 Registrar.

O.K. Wm. Green M.D. Coroner Walters

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8-29 19

17

I HEREBY CERTIFY, That I attended deceased from 2-8- 1929 to 2-8- 19 29, that I last saw h[illegible] alive on 2-8- 19 29, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acquired Pneumonia

CONTRIBUTORY (Secondary) Cardiac failure (duration) yrs. mos. 1 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Benjamin Emory, M. D.

2/9, 19 29 (Address) 400 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial 2/11 19 29

20 UNDERTAKER: E Schlosman ADDRESS 1028 Hanover St

—2-29-28—L. F. S.—500 Bks.

42783 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 09 E 42783

—PLACE OF DEATH

TY OF BALTIMORE: (No. 2029 Gough St. ST. 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Mary Jarzynski

(a) RESIDENCE NO. 2029 Gough St. ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 1357

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife 0 37

(c) Name of employer

IRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Graczkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Frank Jarzynski

(Address) 506 S Castle Ste

Filed 10 1929 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1929, to Feb. 9, 1929.

that I last saw h alive on " 7 1929

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. Rieux, M. D.

2/9/29, 19 (Address) 408 E Patapsco ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Feb — DATE OF BURIAL 12 1929

20 UNDERTAKER John M Weber ADDRESS 402 Chester

—2-29-28—L. F. S.—500 Bks.

42784 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 42784

CERTIFICATE OF DEATH 90 F 42784

—PLACE OF DEATH REGISTERED NO.

TY OF BALTIMORE: (No. 2011 Callow Cir. ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Caroline Benson Greer

(a) RESIDENCE NO. 2011 Callow Cir ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S., If foreign birth 64 yrs. 11 mos. 4 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Poe Greer

ATE OF BIRTH (month, day, and year) March 4 1864

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	11	4	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment In which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) Boston
(State or country) Massachusetts

10 NAME OF FATHER Nicholas Benson

11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Catherine Benson

13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass.

Informant Mr Alfred B. Greer (son)

(Address) 2011 Callow Cir.

Filed FEB 10 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/29

17 I HEREBY CERTIFY, That I attended deceased from 2/8/29, 19..., to 2/8/29, 19..., that I last saw h. alive on 2/8/29, 19..., and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cardio - Vascular

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia (cause) Pulmonary Edema (duration) ... yrs. ... mos. 1 hr ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. P. Lee, M. D.

, 19 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 11 1929
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co	Balto Md.

—2-29-28—L. F. S.—500 Blks.

E. 42785

E 42785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 42785

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2722 St Paul ST. 12-50 WARD)

—FULL NAME Alice Mahaney Muller

(a) RESIDENCE NO. 2722 St Paul ST. WARD
(Usual place of abode)

gth of residence in city or town where death occurred 79 yrs. 1 mos. 12 ds. How long in U. S., if foreign birth 79 yrs. 1 mos. 12 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

f married, widowed, or divorced
BUSBAND of (or) WIFE of Harry K. Muller

ATE OF BIRTH (month, day, and year) Dec 29 1849

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	1	12	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John Mahaney

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) New York

12 MAIDEN NAME OF MOTHER Martha Ellender

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

Informant Mrs Edna V. Muller Daughter

(Address) 2722 St Paul St. City.

Filed ..... 19 .....

CARLTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10-29.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 22. 1929 to Oct. 10. 1929.

that I last saw h.. alive on Oct. 9- 1929.

and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, preceded by Laryngitis + Bronchitis.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Changes, cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Brad Thomas M. D.

(Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb 1st 1929
20 UNDERTAKER	ADDRESS
Stewart & Co	Balto.

2-29-28—L. F. S.—500 Bks.

E. 42786.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42786 — CERTIFICATE OF DEATH — 129 — E 42786

—PLACE OF DEATH — REGISTERED NO.

TY OF BALTIMORE: (No. Mount Hope Retreat ST. 28th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Rev Joseph J. Elder C.M.

(a) RESIDENCE NO. Mount Hope Retreat ST., 28th WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Not Known

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	72	0	0	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chaplain of Mt Hope Retreat

(b) General nature of industry, business, or establishment in which employed (or employer): Clerical duties

(c) Name of employer: Mt Hope Retreat (?)

IRTHPLACE (city or town) (State or country): Missouri

10 NAME OF FATHER (?) Mr Elder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Missouri (?)

12 MAIDEN NAME OF MOTHER (?) Mrs Elder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

Informant: Records of Mt Hope Retreat

(Address) Baltimore Md.

Feb 10 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1929

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ for a year or 65, to date Feb 8th, 1929, that I last saw him alive on Feb 8th, 1929 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Bed Glycosuria -

abt (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cardiac Syncope

Suddenly (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mount Hope Retreat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Feb 9th, 1929 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hope Cemetery	2-11-29
20 UNDERTAKER	ADDRESS
M. Lahey & Sons	1822 W Fayette St

E 42787

Corr.—12-7-26—A Co.—20 Bks.

E 42787

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42787

CERTIFICATE OF DEATH.

18 E 42787

1-PLACE OF DEATH

City of BALTIMORE: (No. Key Highway & Hughes st. 22-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Schutte

(a) RESIDENCE NO. 1417 Hanover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	Married

3a If married, widowed, or divorced, HUSBAND of XXXXXXXXX Mary Schutte.

6 DATE OF BIRTH (month, day, and year) December 18, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER John Schutte.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary ---------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mary Schutte (wife)

(Address) 1417 Hanover St.

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a wharf.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Wm. Steinhardt M. D. (Coroner)

2/9, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross cem	2-11 1929
20 UNDERTAKER	**ADDRESS**
Bartlett Hardy	115 E Worth St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42788

CERTIFICATE OF DEATH

161-001

E 42788

1-PLACE OF DEATH Mercy Hosp.

REGISTERED NO.

City of BALTIMORE: (No. Calvert & Saratoga St. 16-67 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Tyler

(a) RESIDENCE NO. 765 Fremont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 min. (If non-resident give city or town and State)

How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1929

7 AGE	Years	Months	Days	IF LESS than 1 day 2 hrs. or 5 min..
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Howard Tyler

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Stack

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Hosp Record

(Address)

15 Filed 11 1929, 19 — Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1929

17

I HEREBY CERTIFY, That I attended deceased from 2/10, 19 29, to 2/10, 19 29,

that I last saw him alive on 2/10/29, 19 29,

and that death occurred, on the date stated above, at 7:5 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) Frank K. Jones, M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cem	2-11 1929
20 UNDERTAKER	ADDRESS
Bernard C Hale	1000 S Paca St

ec.—1-12-23—M&T—500 Bks.

E 42789 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001

CERTIFICATE OF DEATH. 100 E 42789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 Pa. Ave ST., 17-24 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie K Foote

(a) RESIDENCE NO. 1105 Pa. Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 40? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Foote

DATE OF BIRTH (month, day, and year) 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer none

8 BIRTHPLACE (city or town) (State or country) MD —

PARENTS

10 NAME OF FATHER Benj Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD

14 Informant (Address) Goldsboro Md

15 Filed 8 11 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1929 to Feb 10 1929.
that I last saw h[illegible] alive on Feb 9 1929
and that death occurred, on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(duration) 0 yrs. 0 mos 6 ds.

CONTRIBUTORY (Secondary) none
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? physician
(Signed) R B Jennings, M. D.
, 1929 (Address) 600 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Co
DATE OF BURIAL 2/11 1929

20 UNDERTAKER W M Cook
ADDRESS 2172 Pa Ave

.—2-29-28—L. F. S.—500 Bks.

42790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C 42790

1—PLACE OF DEATH Provident Hospital REGISTERED NO.

TY OF BALTIMORE: (No. 1415 Division ST., 59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jamison, Frazier

(a) RESIDENCE NO. 1423 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Jamison

ATE OF BIRTH (month, day, and year) 1893

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	36			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Grover NC

10 NAME OF FATHER Geo. Jamison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Grover N.C

12 MAIDEN NAME OF MOTHER Jennett Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Grover N.C

Informant Mabel Jamison

(Address) 1423 Orleans St

C. HARRISON JONES, M. D.

Registrar

11 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929. to Feb 9, 1929.

that I last saw him alive on Feb 9, 1929

and that death occurred, on the date stated above, at 2.35 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B Fain M. D.

2-7, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Crem.	2-11 1929

20 UNDERTAKER Byron Wright ADDRESS 1218 McCulloh St

—2-29-28—L. F. S.—500 Bks.

Dr Ogden 112 E Cary St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42791

CERTIFICATE OF DEATH

60 E 42791

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2006 Raynor Ave ST., 16-27 WARD)

—FULL NAME William K White

(a) RESIDENCE NO. 2006 Raynor Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie White

ATE OF BIRTH (month, day, and year) July 1, 1872

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	7	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 032

(c) Name of employer City of Baltimore

IRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER George White

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary E Counts

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country) Baltimore

Informant Lottie White
(Address) 2006 Raynor Ave

Filed FEB 11 1929 AMOS W. W. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to Feb 8, 1929

that I last saw h... alive on Feb 8, 1929

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Frank H. Ogden, M. D.

, 19 (Address) 115 N Cary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 2/11 1929

20 UNDERTAKER Wm. Cook — ADDRESS 1217 E Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42792

CERTIFICATE OF DEATH.

90 E 42792

1-PLACE OF DEATH

City of BALTIMORE: (No. 171 W. Hamburg St 2331 Ward)

Registered No.

2-FULL NAME 171 W Hamburg St William Jones

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 171 W Hamburg St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write word)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) January 18 71

7-AGE.	If LESS than 1 day,
58 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 674

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER, Jack Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sarah Freeland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Margaret Jones

(Address) 171 W Hamburg St

15-

Filed 3 11 1929 HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 8 1929

17- I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Feb 8, 1929, that I last saw h alive on Feb 7, 1929, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach Abdomen

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. 1 mos. 7 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence Symptoms

(Signed) A. H. Hamilton M. D.

Feb 9, 1929 (Address) 712 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	2-11, 19 29
20-UNDERTAKER, John H Toadvine	ADDRESS 1027 Eutaw St

For.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42793

CERTIFICATE OF DEATH

90 E 42793

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. [illegible] St., 3-4 Ward)

2-FULL NAME Nellie Underwood

(a) RESIDENCE NO. 30 S. Aguiar St. 4th Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Don't know

14 Informant Estella Tilly
(Address)

15 Filed ....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 192 24

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart

Acute Dilation (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. T. Kelly Coroner, M. D.

July 11 19 24 (Address) 1629 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	7-11 19 24
20 UNDERTAKER	ADDRESS
Reuel Eastes	Balto

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42794

CERTIFICATE OF DEATH.

101-001

E 42754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 439 Orchard ST. 11-24 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Tinley

(a) RESIDENCE No. 439 Orchard ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Joseph Tinley
(Address) 439 Orchard St

15 Filed FEB 11 1925, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Feb 8, 1929, that I last saw him alive on Feb 7, 1929, and that death occurred, on the date stated above, at 1205 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-11 1929

UNDERTAKER Daniel Eerlon

ADDRESS 970 Park

—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42795

CERTIFICATE OF DEATH

74-001

REGISTERED NO. E 42795a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S Fairmount ST., 18 WARD)

2—FULL NAME Lester Cook

(a) RESIDENCE NO. 1 S Fairmount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nellie Cook

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Thomas Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Taylor Cook

(Address) 846 W Fairmount ave

FILED FEB 11 1929 G. HANSLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 8 29

17 I HEREBY CERTIFY, That I attended deceased from Jany 16 1929 to Feby 8 1929

that I last saw him alive on Feby 8 1929

and that death occurred, on the date stated above, at 2.35 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) [illegible] M. D.

2/9/29, 1929 (Address) 1 E Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-11 1929
UNDERTAKER	ADDRESS
D Lee Carter	916 Mc Mec

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42796 — CERTIFICATE OF DEATH — 101-001 — E 42796

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 336 W. Lanes ST., 22-30 WARD)

2—FULL NAME James E. Holland

(a) RESIDENCE NO. 336 W Lanes ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Geo W Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. A L Johnson

(Address) 515 N Fremont Ave

t5 Filed 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929, to Feb 10 1929.

that I last saw h— alive on Feb 9 1929

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

t8 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) A. H. Lowen, M. D.

Feb 11 1929 (Address) 712 Druid Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MW Auburn Cem	2-11 1929
20 UNDERTAKER David Easton	ADDRESS 916 Park Ave

Spec 7-17-24 A Co 200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42797

CERTIFICATE OF DEATH

× 90 ✓

E 42797

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carville Benson

(a) RESIDENCE NO. Halethorpe, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriette C. Miller

6 DATE OF BIRTH (month, day, and year): Aug. 24, 1872

7 AGE: Years 56 Months 5 Days 14 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Oregon R. Benson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Carolla Brian

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mr. John O. Benson

(Address) Halethorpe, Md.

15 Filed FEB 11 1929 C. HAMPSON JONES, M. D. Registrar

By Katz

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/6/29, 19... to 2/8/29, 19...

that I last saw h/ m. alive on 2/8/29, 19...

and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. ½ mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. E. Woodhead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemy.

Date of Burial: Feb. 11, 1929

20 UNDERTAKER: John J. Mitchell & Sons

ADDRESS: 1900 Eutaw St.

Per

very important. See instructions on

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42798

CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

100-001

E 42798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 10-14

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Carrie Bierlein

(a) RESIDENCE NO. 816 Willow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Mr Bierlein

7 DATE OF BIRTH (month, day, and year) 3 | 4 | 1861

8 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant (Address)

15 Filed B 11 1929 Registrar

16 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1929

17 I HEREBY CERTIFY, That I attended deceased from 10-30, 1928, to 2-9, 1929, that I last saw h[illegible] alive on 2-9, 1929, and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows: Terminal Bronchio-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility : Bilateral Cataracts

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2 | 12 1929

20 UNDERTAKER Albert L Nilz Jr

ADDRESS 1606 N Chester St

BALTIMORE CITY HOSPITALS

D. W. SMITH HOSPITAL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42799

CERTIFICATE OF DEATH.

x 188-703

REGISTERED E 42799

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute St. Joseph Hospital Ward 9-17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valentine Rohe

(a) RESIDENCE NO. White Marsh Rd., Stemmers Run, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rohe

6 DATE OF BIRTH (month, day, and year) Feb 23/1853

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER George Rohe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Dieter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary Rohe

(Address) Stemmers Run, Md.

15 Filed 1929 HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac Skull, Chest Injuries etc
Struck by Automobile Belair Road & Fitch Ave (Balto Co) Accidental

(Inquest Feb 13)

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

Duration ... yrs. ... mos. ... ds.

(Signed) J. S. Rohe M. D.
(Coroner)

2/11/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Feb 13 1929

20 UNDERTAKER Frederick Lassahn & Son ADDRESS Fredericktown

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42800

CERTIFICATE OF DEATH.

90

REGISTERED E 42800

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hosp. St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora V. Spitznagle

(a) RESIDENCE NO. 1139 N. Milton Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Spitznagle

6 DATE OF BIRTH (month, day, and year) Dec. 25th. 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Spitznagle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christinia Zimmerman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John Spitznagle

(Address) 1139 N. Milton Ave.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th. 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Zeuch M. D.

Feb 9th 1929 (Address) (Coroner) North Ave + Dime

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimone Cem Date of Burial 2/11/29

20 UNDERTAKER P. Philip Henrig ADDRESS 2016 Eutaw St.

E. Harrison Jones M. D.

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42801

CERTIFICATE OF DEATH.

47 E 42801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Bonaparte Ave. St. 9-46 WARD)

2-FULL NAME Ellen A. Richardson

(a) RESIDENCE No. 1232 Bonaparte Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Richardson

DATE OF BIRTH (month, day, and year) Sept 18/64

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER John Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Cartwright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas. Richardson

(Address) 1232 Bonaparte Ave

15 Filed FEB 11 1929 HAMILTON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1929, to Feb 8, 1929, that I last saw her alive on Feb 7, 1929, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer Breast,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of March 1927

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Geo. L. Zimmerman M. D.

(Address) 9858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL 2/11 1929

20 UNDERTAKER Philip Herwig

ADDRESS 2010 Orleans St

Spec.—1-10-21—M&T 1500 Bks.

42802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

14E 42802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1937 Gough St

CITY OF BALTIMORE: (No. 2538 Washington ST., 2-4 WARD)

2-FULL NAME Herman Thomas

(a) RESIDENCE NO. 2538 Washington ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Thomas

6 DATE OF BIRTH (month, day, and year): July 20. 1847

7 AGE: Years 81 Months 6 Days 18 If LESS than 1 day, ... hrs or ..... min. 19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Leo Keller M.D.

(Address) 1937 Gough St

15 Filed. ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2 29, 19 ..... to Feb 8 ..... 19 29.

that I last saw h.. alive on Feb 8 ..... 19 29.

and that death occurred, on the date stated above, at 3.25 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) / / / / yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo. Keller, M. D.

(Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuel Cemetery

DATE OF BURIAL: Feb. 11th 1929

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe St

c.—2-29-28—L. F. S.—500 Bks.

E 42803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-081

E 42803

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

ITY OF BALTIMORE: (No. [redacted] ST., 26-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie Williams

(a) RESIDENCE NO 1023 So Conkling ST., 26 WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Williams

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md Balto.

10 NAME OF FATHER James Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

I Informant Daughter
(Address) BALTIMORE CITY HOSPITALS

5 Filed [illegible] 1929 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-29

17 I HEREBY CERTIFY, That I attended deceased from 2-4 . 1929 . to 2-8 . 1929 . that I last saw h[illegible] alive on 2-8 . 1929 . and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Left,

CONTRIBUTORY (Secondary) Obesity - Hypertension (duration) yrs. 6 mos. ds.

Bronchitis-pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Williams M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb. 11 1929

20 UNDERTAKER Libby & Zeiler Inc — ADDRESS 1020 S. Mo[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 42804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 144 E 42804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 2000 W. ... WARD) REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Agnes Schmuff

(a) RESIDENCE NO. Dubois Ave - Parkville Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~4 yrs~~ mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick J. Schmuff.

6 DATE OF BIRTH (month, day, and year) April 17. 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Georg H Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Duboy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Mary A. Whitney

(Address) Dubois Ave. Parkville Md.

15 Filed 1 1929 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 19 29

17 I HEREBY CERTIFY, That I attended deceased from 2/3 . 19 29 to 2/8 . 19 29.

that I last saw h alive on 2/8 . 19 29.

and that death occurred, on the date stated above, at 7 05 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Hemorrhage from placenta praevia (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 2/3/29

Was there an autopsy?

What test confirmed diagnosis? Physical exam

(Signed) Theo. C. Sidey, Jr. M. D.

2/8 1929 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Feb. 12 1929.

20 UNDERTAKER Geo. J. Ruth ADDRESS 1735 Harford Ave.

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42805

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

E 42805
REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE. (No. 6-37 ST., ... WARD)

2—FULL NAME Annie Kerr

(a) RESIDENCE NO. 3417 Boston ST., WARD
(Usual place of abode)
...ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

...AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55				1

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER ? O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Patient
(Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 11 1929 ...RTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

17 I HEREBY CERTIFY, That I attended deceased from 1-29, 1929, to 2-10, 1929
that I last saw her alive on 2-10, 1929
and that death occurred, on the date stated above, at 9:30 A.M.
The CAUSE OF DEATH* was as follows:

Transverse myelitis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Decubitus ulcers

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. M. Finch M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Feb. 13 1929
20 UNDERTAKER John G. Connelly	ADDRESS Essex

ec.—2-29-28—L. F. S.—500 Bks.

E 42806

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

St Helena 42806

1—PLACE OF DEATH

REGISTERED NO. 36

ITY OF BALTIMORE: (No.) 304 Riverview Ave (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth A Hughes

(a) RESIDENCE NO. 304 Riverview ST., Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E Hughes

DATE OF BIRTH (month, day, and year) Feb 27 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Middle River Baltimore Co Md

10 NAME OF FATHER Samuel A Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co Md

12 MAIDEN NAME OF MOTHER Mary A Harriman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant Samuel A Baldwin

(Address) 3317 Noble st

15 Filed SEP 11 1929 Registrar H. Peter JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929. to Feb 9, 1929.

that I last saw her alive on Feb 8 1929

and that death occurred, on the date stated above, at 1.28 a. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Reier, M. D.

Feb 9. 1929 (Address) Dundalk, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Orem	Feb 12 1929

20 UNDERTAKER	ADDRESS
John F Denny	916 Lydia

...c.—1-12-23—M&T—500 Bks.

E 42807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42807

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3023 Mosherville Mt. ST., (WARD)

2-FULL NAME Jacob Leidner

(a) RESIDENCE NO. 3023 Mosherville ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widower

6a If married, widowed, or divorced HUSBAND of or) WIFE of Louisa Leidner

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer B & O R R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nelson Leidner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louisa Leidner

(Address) 3023 Mosherville

15 Filed DEC 11 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1929 to Dec 8 1929

that I last saw him alive on Dec 7 1929

and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kyser M. D.

12/11/29 (Address) 802 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 11 1929

20 UNDERTAKER Hamilton Brothers

ADDRESS 1906 W Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 42808 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General ST. 8-17 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Elizabeth Elgert

(a) RESIDENCE NO. 1913 N. Regester ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas W. Elgert

6 DATE OF BIRTH (month, day, and year): Oct 5, 1885

7 AGE — Years: 43 — Months: 4 — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Lewis Faoo
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md
12 MAIDEN NAME OF MOTHER: Miss Kung
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mr Charles A. Elgert
(Address) 1913 N. Regester St

15 Filed FEB 11 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to Feb 9, 1929, that I last saw her alive on Feb 9, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Postum Hemorrhage
from Placenta Previa.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of Feb. 9, 1929
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Arthur Evan Bremerger, M. D.
2/9, 1929 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: February 12, 1929

20 UNDERTAKER: Penny Hoeck Sons, Inc. — ADDRESS: 1311 E. Eager St

Spec.–7-17-26—A Co.—200 Bks.

E 42809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42809

CERTIFICATE OF DEATH

X 101-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Bankins

(a) RESIDENCE NO. Morganza, Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo E Bankins

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Record.

(Address)

FEB 11 1929

C. H. WILSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/30/29, 19..., to 2/11/29, 19...,

that I last saw h[illegible] alive on 2/11/29, 19...,

and that death occurred, on the date stated above, at 1 30 a.m./p.m.

The CAUSE OF DEATH* was as follows:

1 Emphysema - 4 Sides

(duration) ... yrs. ... mos. 24 da.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 1/2 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 2/4/29

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. S. W[illegible] M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mechanicsville Md	2-11 1929
UNDERTAKER Ed B Hall	ADDRESS 1156 West Fayette

Of DEATH is given on back of certificates. See instructions on back of certificates. very important.

Spec.—1-10-21—M&T—1500 Bks.

E 42810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42810

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Hiram Beaver

(a) RESIDENCE No. New Matamoras ST. Ohio WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/13/81

7 AGE: Years 47 Months 5 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lockman & Ohio Rail Road

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John Beaver

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed 2/11 19 29 CHARLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929 to Feb-11 1929.

that I last saw him alive on Feb 11 1929.

and that death occurred, on the date stated above, at 8 5 a m

The CAUSE OF DEATH* was as follows:

Brain Tumor left cerebral cortex involving motor area. Patient removed 3 times. (Feb. 5. 1929

(Duration) 10(?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (?)

(duration) 10-15 years yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 5. 1929

Was there an autopsy? Yes Partial

What test confirmed diagnosis? Operation & autopsy.

(Signed) L. Ridgeway Trimble M. D.

Feb 11 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendly W Va — DATE OF BURIAL: 2/11/29

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

TION is very important. See instructions on reverse

1 PLACE OF DEATH E 42811

County Balto Co

Village or City Balto Md (No. 1211 E. Northave

2 FULL NAME Susan F Numbers

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 4-18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) = Mercy. Kingsville Balto Co

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	single

6 DATE OF BIRTH July 21, 1861 (Month) (Day) (Year)

7 AGE 67 yrs. 6 mos. 20 21 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Md.

PARENTS

10 NAME OF FATHER Benj F. Numbers

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Catharine L. Holland

13 BIRTHPLACE OF MOTHER (State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Numbers

(Address) 1211 E. Northave

15 Filed 192 C. MARION JONES, M. D. Registrar

FEB 11 1929

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11, 1929 (Month) (Day) (Year) ~~November 1928~~

17 I HEREBY CERTIFY, That I attended the deceased from ~~Nov. 15 Feb. 10~~ 1928, to Feb. 10, 1929, that I last saw h Ea alive on Feb. 10, 1929, and that death occurred on the date stated above, at 5 a.m. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

Contributory / Secondary Cachexia

(Duration) yrs. 2 mos. ds.

(Signed) Standish McAleer M. D.

Feb. 11 1929 (Address) 1609 Thames

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 3 yrs. mos. ds. In the State 67 yrs. 6 mos. 21 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Kingsville Md

19 PLACE OF BURIAL OR REMOVAL Kingsville R. C. Cem. DATE OF BURIAL Feb. 13. 1929

20 UNDERTAKER Clarence L. Arthur ADDRESS Fork Md.

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42812

CERTIFICATE OF DEATH

E 42812

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. (WARD)

2—FULL NAME Clarence Watkins

(a) RESIDENCE NO. 1510 W. Mulberry st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colore	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Watkins

DATE OF BIRTH (month, day, and year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER James Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

FEB 11 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1929, to Feb. 9, 1929.

that I last saw him alive on Feb. 9, 1929

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage (Pulmonary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Lab. Clinical Path

What test confirmed diagnosis?

(Signed) Henry C. Smith, M. D.

2-9, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Feb 12, 1929

20 UNDERTAKER Easton Son

ADDRESS Edmondson

Spec.—1-10-21—M&T—1500 Bks.

E 42813 HEALTH DEPARTMENT—CITY OF BALTIMORE

2206

CERTIFICATE OF DEATH. 16-80 E 42813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 72-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Reese

(a) RESIDENCE No. 635 W. Lee St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Florence Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant (Address) JOHNS HOPKINS HOSPITAL Records

15 Filed 1929, 19 C. H. [illegible] Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Feb 5, 1929, that I last saw h[illegible] alive on Feb 5, 1929, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Bacillary dysentery

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/9, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL FEB 12 1929

Commissioner Health.

Per Wm. H. WOOBALL

Spec.—1-10-21—M&T—1500 Bks.

E 12814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42814

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 19-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agustus Boyd

(a) RESIDENCE NO. 1724 W. Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ella Boyd

6 DATE OF BIRTH (month, day, and year): Aug 4 1873

7 AGE: 55 Years 5 Months 6 Days 6

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS

10 NAME OF FATHER: Wm

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Louise Tunstard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Records

15 Filed 19 Per Registrar: C. HAMPSON JONES, M. D.

C 11 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 4 1929 to Feb 10 1929, that I last saw h/m alive on Feb 10 1929, and that death occurred, on the date stated above, at 5 35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

Carcinoma of Stomach

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? Yes Date of 1/25/29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Harold Feinblatt M. D.

2/10, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: 2-14 1929

20 UNDERTAKER: Joseph A Likely

ADDRESS: 409 N Monroe St

...—1-12-23—M&T—500 Bks.

E 42815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42815

CERTIFICATE OF DEATH.

74-00

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 1735 N. Caroline ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence W. Spranklin

(a) RESIDENCE NO. 1735 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
~~HUSBAND of~~
or) WIFE of Annie Spranklin

DATE OF BIRTH (month, day, and year) April 2nd 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Gro

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Edward Spranklin

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Annie E. Daly

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs Annie Spranklin
(Address) 1735 N. Caroline St

15 Filed FEB 11 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 10th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Feb 10, 1929

that I last saw h/~~s~~alive on Feb 9, 1929,

and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Donaldson, M. D.

, 19 (Address) 1714 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 13th 1929
UNDERTAKER	ADDRESS
George Schirling Sons	

Spec.—1-10-21—M&T—1500 Bks.

E 42816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42816

CERTIFICATE OF DEATH. X 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST. 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose E. Fletcher

(a) RESIDENCE NO. Valley Lee St Mary's Co Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late John E. Fletcher

6 DATE OF BIRTH (month, day, and year) July 7 1855

7 AGE Years 73 Months 7 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER H. C. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mgt. Doughty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Ethel Lane

(Address) Valley Lee St Marys Co

15 Filed 11 1929 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 27 . 1929 . to 2-10 . 1929 . that I last saw her alive on 2-10 . 1929 . and that death occurred, on the date stated above, at 10 45 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Diabetes; Carcinoma Left Breast.

Radical removal L. breast. Carcinoma.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Cancer (duration) yrs. mos. 1/4 ds.

18 Where was disease contracted if not at place of death? St. Georges Co

Did an operation precede death? yes Date of Feb. 4. 29

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Howard R. Dorsey M. D.

, 19 (Address) 704 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Valley Lee, St. Marys Co. Md. DATE OF BURIAL 2/12/29

20 UNDERTAKER Harry N. Wathen ADDRESS 531 N. Howard St.

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42817

CERTIFICATE OF DEATH

100-601 E 42817

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 70-28 ST., WARD)

2—FULL NAME Cecilia Hewett

(a) RESIDENCE NO. 1916 W Pratt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Wid

If married, widowed, or divorced HUSBAND of (or) WIFE of Wife Wm. F. Hewett not given

DATE OF BIRTH (month, day, and year) Sept. 31 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Geo. Wilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Patient
(Address) BALTIMORE CITY HOSPITALS

Filed 1929 H. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

17 I HEREBY CERTIFY, That I attended deceased from 2-6, 1929, to 2-10, 1929, that I last saw her alive on 2-10, 1929, and that death occurred, on the date stated above, at 8⁰⁰ A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no What lest confirmed diagnosis? Physical Exam

(Signed) H. W. Wood M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cemetery	2/12/29
20 UNDERTAKER	ADDRESS
Harry N. Witzke	1530 Lombard

.—2-29-28—L. F. S.—500 Blks.

E 42818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 E 42818

REGISTERED NO.

1—PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Lombard & Greene ST. 5-8 WARD)

2—FULL NAME Henry Filadelfia

(a) RESIDENCE NO. 303 East St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

gth of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Sept 13th 1914

GE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
9		5 4	29 20	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Angelo Filadelfia

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rosa Manuli

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

Informant Joseph Manuli

(Address) 218 N. High St.

Filed 1 1929, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-29

17

I HEREBY CERTIFY, That I attended deceased from 12-24, 1929, to 2-9, 1929, that I last saw h[illegible] alive on 2-9, 1929 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute perforated appendicitis

General peritonitis

(duration) yrs. 6 wks. ds.

CONTRIBUTORY (Secondary) Fecal fistula

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/24/28 2/5/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation

(Signed) Henry Vincent Davis, M. D.

2-10 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	2/11/29 19
20 UNDERTAKER	ADDRESS
Geo J Rudy & Co	1335 Hanover

.—2-29-28—L. F. S.—500 Blks.

E 42819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42819

CERTIFICATE OF DEATH

129

8-40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Elmley Ave. ST. (WARD)

2—FULL NAME Frank C. Whiteford

(a) RESIDENCE NO. 3402 Elmley Ave. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate M. Whiteford

6 DATE OF BIRTH (month, day, and year) April 25, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Rivetor

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George T. Whiteford

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Boyd

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Sarah Cook & Wm. Whiteford
(Address) 3402 Elmley Avenue

15 FEB 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1929, to Feb 9th, 1929, that I last saw him alive on Feb 9th, 1929 and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

C. P. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave E. Kist, M. D.

2/9, 1929 (Address) Belair Rd. and Maple Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb. 12, 1929

20 UNDERTAKER Joseph Cook — ADDRESS 1003 West Baltimore St.

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42820

CERTIFICATE OF DEATH

129

E 42820

1—PLACE OF DEATH

REGISTERED NO. 20-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 233 Augusta Ave. ST., (WARD)

2—FULL NAME Howard Emory Peddicord

(a) RESIDENCE NO. 233 Augusta Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cora M. Peddicord

DATE OF BIRTH (month, day, and year) March 16, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Walter Allen

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER T. H. Peddicord

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Anne Chipman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. H. Emory Peddicord, Jr
(Address) 6302 Pinehurst Road

15 Filed ..., 19 C. HAMPSON JONES, M. D.
1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to Feb 10, 1929.

that I last saw him alive on Feb 10, 1929

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam and Symptoms

(Signed) Wilhelmina Ford, M. D.

2/11, 1929 (Address) 20 E. Preston Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 12, 1929

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St

—2-29-28—L. F. S.—500 Blks.

E 42821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42821

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Philadelphia ave ST. 6-11 WARD)

2—FULL NAME Anna M. Walper

(a) RESIDENCE NO. 2810 Philadelphia ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Walper

6 DATE OF BIRTH (month, day, and year) Oct. 26/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Philip Barranger

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catharine Seibert

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mr. Albert Walper

(Address) 2810 E. Fayette

15 Filed ..., 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27

17 I HEREBY CERTIFY, That I attended deceased from August, 1923, to Feb. 10, 1924

that I last saw h... alive on Feb. 10, 1924

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. J. Kerr, M. D.

2-11-1924 (Address) 716 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Carmel Cem

DATE OF BURIAL Feb. 13 1924

20 UNDERTAKER Jos. F. Kerr

ADDRESS 154 N. Eutaw

...—1-12-23—M&T—500 Bks.

E 42822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42822

CERTIFICATE OF DEATH

45

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

ITY OF BALTIMORE (No. 16-37 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Fallon

(a) RESIDENCE No. 3400 E. Fairmount ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Organ Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nana

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address)

15 Filed 11 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1929

17 I HEREBY CERTIFY, That I attended deceased from 6-20, 1928, to 2-10, 1929, that I last saw her alive on 2-10, 1929, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows: Chronic myocarditis

myocardial Bronchopneumonia

CONTRIBUTORY (Secondary) Probably Carcinoma (duration) yrs. mos.

Uterum (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) H. Sm Jacobs M.D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 12 1929

20 UNDERTAKER: Jos. J. Merz & Son — ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42823

CERTIFICATE OF DEATH.

101-081

E 42823

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1807 W. Mulberry ST. 20-27 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Carey Wheatley,

(a) RESIDENCE NO. 1807 W. Mulberry ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Wheatley,

6 DATE OF BIRTH (month, day, and year): Jan 1863

7 AGE: Years 66 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): O & S
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Nicholas D. Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Chestertown

12 MAIDEN NAME OF MOTHER: Hannah Greenwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mary E. Wheatley
(Address): 1807 W. Mulberry St.

Filed 1929 C. HAMPSON JONES, M. D., Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. Feb 3 1929, to Feb. 10 1929, that I last saw him alive on Feb. 10 1929, and that death occurred, on the date stated above, at 2 0. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs — mos 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) Charles Gelt, M. D.

(Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Feb 12 1929

20 UNDERTAKER: George Smith — ADDRESS: 113 Hollins

Spec.—1-10-21—M&T—1500 Blks.

428247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42824

CERTIFICATE OF DEATH. X 49

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Waller

(a) RESIDENCE NO. 123 Jerryan ST., Seattle Wash WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. ; mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Mrs Louis Waller

6 DATE OF BIRTH (month, day, and year) 5/25/74

7 AGE: Years 54 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mach. Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Machinery Supplys

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mina Ebinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 11 1929, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 10, 1929, that I last saw h~~im~~ alive on Feb 10, 1929, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of (over) Bladder (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

2/10, 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Grove Cemetery Cincinnati Ohio

DATE OF BURIAL Feb 12 1929

20 UNDERTAKER George J. Smith

ADDRESS 115 Eastern Ave Baltimore Md

.—2-29-28—L. F. S.—500 Bks.

42825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 42825

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Stilz

(a) RESIDENCE NO. 1116 Hanbert ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Patient

(Address) BALTIMORE CITY HOSPITALS

Filed 1 1 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

17

I HEREBY CERTIFY, That I attended deceased from 2-7 19 29, to 2-10 19 29

that I last saw him alive on 2-10 19 29

and that death occurred, on the date stated above, at 11:50 A M. m.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia, Bilateral

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. & X-Ray

(Signed) H. H. Hunt M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Feb 13 1929
20 UNDERTAKER	ADDRESS
Wm. M. Wilson	4012 Chester

Cor.—12-9-25—A Co.—200 Bks.

E 42826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42826

16-231

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 702 N. Vincent St. _____ Ward)

2-FULL NAME Leeow Wilkinson

(a) RESIDENCE NO. 702 N. Vincent St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 28 Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Unk

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Jas White

(Address) 702 N. Vincent

15 Filed ____ 19____ Per ____ Registrar

3242

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) ____ yrs. 4 mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) F. C. Smith M. D.

Feb 9, 1929 (Address) 1016 Fen & Dunn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL ____ Date of Burial ____ 19

20 UNDERTAKER ____ ADDRESS ____

FEB 11 1929 C. THOMPSON JONES, JR. M.D. Commissioner Health
UNIVERSITY OF MARYLAND
THE MORGUE
FEB 11 1929

Spec.–7-17-26—A Co.—200 Bks.

E 42827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 42827

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Grossman

(a) RESIDENCE NO. 7 E. Center St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	60		?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) ?

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) C. HAMPSON JONES M. D.

15 Filed ..... 1929 ..... 19 .....

Registrar

3241

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/29

17 I HEREBY CERTIFY, That I attended deceased from 1/11/29, 1929, to 1/26/29, 19....., that I last saw him alive on 1/26/29, 19....., and that death occurred, on the date stated above, at 1:55 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism & Arteriosclerosis

(duration) 4yrs. 1mos. 15ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Winstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
20 UNDERTAKER	ADDRESS

Very Important. No alterations

UNIVERSITY OF MARYLAND
Pennsylvania Health

Cor.—12-9-25—A Co.—200 Bks.

E 42828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 42828

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Thompson

(a) RESIDENCE NO. 273 S. Ellwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Thompson

6 DATE OF BIRTH (month, day, and year) Feb 22/1880

7 AGE	Years	Months	Days	IF LESS than 1 day .... hrs. or .... min.
	48	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Realtor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Geo. W. Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Katherine Krater

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wife

(Address) 273 S. Ellwood Ave

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis-Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis- Gangrene of leg. (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

2/10/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — Date of Burial 2/12 1929

20 UNDERTAKER L. J. Moran — ADDRESS 3000 E. Balto.

Spec.–7-17-26—A Co.—200 Bks.

E 42829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 E 42829

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 37-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Betkey

(a) RESIDENCE NO. 3115 Rueckert ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 28 1882

7 AGE: Years 46 Months 11 Days 9

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grave Digger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St. Pauls Cemetery 040

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER August Betkey

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER Augusta Wolfgram

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Lee A. Lebelein (A sister)

(Address) 3115 Rueckert Ave

15 Filed 11 1929 By C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/8/29, 19 to 2/9/29, 19

that I last saw him alive on 2/9/29, 19

and that death occurred, on the data stated above, at 3 15 P.M. m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

(duration) 1 mo over yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Broncho Pneumonia

(duration) about 2 weeks yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cemetery — Date of Burial: Feb. 12, 1929

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St. & Broadway

Very important. See instructions.

...—2-29-28—L. F. S.—500 Bks.

E 42830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42830

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Conkling ST., 26-37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME FREDERICKA R. HEINKEL

(a) RESIDENCE NO. 526 S. Conkling ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if foreign birth? 83 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Heinkel

6 DATE OF BIRTH (month, day, and year): December 5,1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: Mr. Frederick Heinkel (Son)

(Address) 526 S. Conkling Street.

Filed 1 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 11,1929

17 I HEREBY CERTIFY, That I attended deceased from 2/4/29, 19..., to 2/11, 19 29, that I last saw h[er] alive on 2/10/29, 19..., and that death occurred, on the date stated above, at 2.00 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
(Chronic Passive Congestion)

CONTRIBUTORY (Secondary) Pulmonary oedema (duration) 10 yrs. mos. ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

2/11, 19 29 (Address) 633-S-3d.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Feb. 13. 1929

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: BALTIMORE ST. & BROADWAY

Cor.—I-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42831

CERTIFICATE OF DEATH.

90 E 42831

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 915 W. 33rd St. (Ward) 13 51

2-FULL NAME John Mallon

(a) RESIDENCE NO. 915 W. 33rd St. ST. 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mallon

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Mallon (Address) 915 W. 33rd St.

15 Filed ... 192 ... C. HAMPSON JONES, M. D., Registrar

11 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia & Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John J. Morrison, M. D.
(Coroner.)
2/10, 1929 (Address) 9632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hartford Rd. DATE OF BURIAL: Feb 12, 1929

20 UNDERTAKER: C. Brown Thomson ADDRESS: 3615 Chestnut Ave

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42832

CERTIFICATE OF DEATH

90 E 42832

1—PLACE OF DEATH

REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 3536 Hickory Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret A King

(a) RESIDENCE NO. 3536 Hickory Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 9 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Albert King

DATE OF BIRTH (month, day, and year) Sept 12, 1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Co
(State or country)

10 NAME OF FATHER George Merryman

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Strickland

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Gertrude Baker

(Address) 3536 Hickory Ave

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Feb 11, 1929, that I last saw her alive on Feb 11, 1929 and that death occurred, on the date stated above, at 8-10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Tuberculosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C F Cullyaer, M. D.

2/11, 1929 (Address) 37 Dulaney Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ivanton Balto Co.	Feb 13, 1929
20 UNDERTAKER	ADDRESS
Shanowethson	3615 Chestnut Ave

.—2-29-28—L. F. S.—500 Bks.

42833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42833

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

TY OF BALTIMORE; (No. 13-52 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Lee Gilmore

(a) RESIDENCE NO. 3823 Pleasant Place WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Aug 16 1854

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	44	5	24	

CCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) md
(State or country)

10 NAME OF FATHER Joseph C

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

Informant Ct.
(Address) BALTIMORE CITY HOSPITALS

Filed ..... 19 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

17 I HEREBY CERTIFY, That I attended deceased from 1-25, 1929, to 2-10, 1929, that I last saw h[illegible] alive on 2-10, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duratinn) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an nperation precede death? no Date of

Was there an autopsy? yes What test confirmed diagnosis? autopsy

(Signed) H. M. Hoffa M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hornell md	Feb 12, 1929
20 UNDERTAKER	ADDRESS
Johnson Station	345 Edgewood Ave

—2-29-28—L. F. S.—500 Blks.

E 42834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 42834

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Underwood Road ST. 12-44 WARD)

2—FULL NAME John Christopher Taliaferro

(a) RESIDENCE NO. 4105 Underwood Road Guilford WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: WHITE

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Cristina B. Taliaferro

DATE OF BIRTH (month, day, and year) Jan 28th 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacture

(b) General nature of industry, business, or establishment in which employed (or employer): Can

(c) Name of employer: Continental Can Co

BIRTHPLACE (city or town) (State or country): Gloucester County Va

10 NAME OF FATHER: Robert Brooke Taliaferro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Va

12 MAIDEN NAME OF MOTHER: Frances Gilmore Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Va

Informant: A. Woodworth

(Address) 4105 Underwood Road.

Filed ... 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-7-29, 19..., to 2-10-29, 19...,

that I last saw h~~im~~/alive on 2-9-29, 19...

and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Influenzal

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) [redacted]

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) M. A. Norris, M. D.

, 19 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Feb 12 1929
20 UNDERTAKER	ADDRESS
Harry M. Jenkins Sons Co	Oxford Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42835

Aged Male Patient

CERTIFICATE OF DEATH

100-00

E 42835

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1400 W. Lexington St. (St.) (Ward)

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wesley Irwin

(a) RESIDENCE: (No.) 1400 W Lexington St. Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sa- Irwin

6 DATE OF BIRTH (month, day, and year) July 19-1850

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
78	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Irwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry J. Irwin

(Address) 2305 Jones Fs.

15 Filed 1 1929 C. THAMPSON JONES, M. D. Registrar

By Dell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 2-11-29.

17

I HEREBY CERTIFY, That I attended deceased from 2-3, 1929, to 2-10-29 19, that I last saw him alive on 2-9-29 19, and that death occurred, on the date stated above, at 5-1 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bilateral Parotitis Suppurative

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Worth, M. D.

. 19 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Feb. 13 1929

20 UNDERTAKER George L. Schwab ADDRESS 1101 Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42836 ✓ 90 E 42836

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1825 W Fratt St., 14-28 Ward)

2-FULL NAME Frederick G. Schuller

(a) RESIDENCE NO. 1825 W. Fratt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Schuller

6 DATE OF BIRTH (month, day, and year) Dec 18-1848

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 56

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Margaret Schuller

(Address) 1825 W Fratt

15 Filed _____ 1929 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & enlargement of heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Charles H. Doyle M. D.

(Coroner) 5 W Fratt

2/10 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Feb. 13 1929

20 UNDERTAKER George L. Schuster ADDRESS 201 Cathedral St.

Cor.—12-9-25—A Co.—200 Bks.

E 42837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42837

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 25-25 Ward)

2-FULL NAME Clara Belle Arnold

(a) RESIDENCE NO. 505 Freeman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Arnold

6 DATE OF BIRTH (month, day, and year): Sept 24 1893

7 AGE: Years 35 Months 5 Days 16 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Houswork

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): West Virginia

PARENTS

10 NAME OF FATHER: Wyatt Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mildred Davis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Benj. F. Arnold

(Address): 505 Freeman St

15 Filed ....., 19 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Cause left carotid following what they claim was a cut & she picked with needle (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Denton M. D. (Coroner)

2-9-1929 (Address) 1001 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 2 ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 505 Freeman St Baltimore Md

Former or usual residence " " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Hill Cemetery Date of Burial Feb. 12 1929

20 UNDERTAKER: George L. Schwartz ADDRESS 1201 Eutaw Ave

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42838

11-001

E 42838

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1914 Mt. Royal Terrace St. 1420 WARD)

2—FULL NAME Fannie Dalrymple Harrison Sollers

(a) RESIDENCE NO. 1914 Mt. Royal Terrace ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

gth of residence in city or town where death occurred 58 yrs. 1 mos. 26 ds. How long in U. S., if foreign birth?— yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Dare Sollers

ATE OF BIRTH (month, day, and year) Dec. 15, 1870

GE	Years	Months	Days 25	If LESS than 1 day, ... hrs. or ..... min.
	58	1	26	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Charles Spencer Harrison

11 BIRTHPLACE OF FATHER (city or town) Talbot Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Dalrymple

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Nathaniel Dare Sollers

(Address) 1914 Mt. Royal Terrace

Filed ..... 19 C. HAMPSON JONES, M. D.

FEB 11 1929 per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10th, 1929.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 19 29. to Feb. 10th, 19 29.

that I last saw her alive on Feb. 10th, 19 29.

and that death occurred, on the date stated above, at 3:03 a.m.

The CAUSE OF DEATH* was as follows:

Grippe followed by Pneumonia (Lobar)

About (duration) ~~yrs. mos.~~ 3 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Elaine C. Price, M. D.

2-11th 1929. (Address) 1705 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	2/12 19 29

20 UNDERTAKER Henry H. Mears and Son ADDRESS 505 N. Calvert

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42839

CERTIFICATE OF DEATH

29

E 42839

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 504 Arlington Ave ST., 18-26 (WARD)

2—FULL NAME Lydia Angela Bennett

(a) RESIDENCE NO. 504 Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10, 1885

7 AGE: Years 43 | Months 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George L Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lydia Rodemyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Martha L Bennett

(Address) 504 Arlington Ave

15 Filed 1 1929 C. HAMPSON JONES, M.D. Registrar

Per ARR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from —, 1918, to Feb. 10, 1929, that I last saw h W alive on Feb. 9, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation & chronic interstitial nephritis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(duration) yrs. mos. 3 days ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W B Bamm and Lond, M. D.

2/11, 1929 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/13 1929

20 UNDERTAKER: J M Cook

ADDRESS: 1215 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 42840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2208 Cadley St Westport ST. 25-32 WARD

REGISTERED NO. 91-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Trott

(a) RESIDENCE NO. 2208 Cadley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent E Trott

6 DATE OF BIRTH (month, day, and year): Nov 20, 1848

7 AGE — Years: 80 — Months: 2 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: W. H. Bransell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Vincent E Trott

(Address) 639 Gordon St

15 Filed 1 1929 19 J. HAMPSON JONES, M. D. Registrar

By R Pell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1929, to Feb 10, 1929, that I last saw h-r alive on Feb 9, 1929 and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emily Strong, M. D.

2/11, 1929 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Annapolis Md

DATE OF BURIAL: 2/13 1929

20 UNDERTAKER: J. H. Cook

ADDRESS 1217 Eutaw St

...—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42841

42841

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Bouldin ST. 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Peters

(a) RESIDENCE NO. 143 N. Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	wht.	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of None

DATE OF BIRTH (month, day, and year) Feb 12 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	11	23	

OCCUPATION OF DECEASED Autos - 086

(a) Trade, profession or particular kind of work Body Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Repair Work

(c) Name of employer Linwood Bros.

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ernest Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ernest Peters

(Address) 143 N. Bouldin

15 Filed FEB 11 1929, 19 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1926, to Feb. 10, 1929.

that I last saw him alive on Feb. 9, 1929.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3723 Eastern Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) J. A. Geantz, M. D.

2/10, 1929 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	2/13 1929
20 UNDERTAKER W. T. Cook	ADDRESS 1217 Fremont Ave

.—2-29-28—L. F. S.—500 Bks.

Dr Duncan

E 42842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-092

E 42842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Eastern Ave ST. 27-46 (WARD) (Anderson)

2—FULL NAME Mary Jane Adamson

(a) RESIDENCE NO. 604 Eastern Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm T Adamson

DATE OF BIRTH (month, day, and year) Sept. 12. 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: A Home

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Thomas Stephens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Jane Elkenhead

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Emma L Adamson

(Address) 604 Eastern Ave

Filed Feb 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10. 1929

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Feby 10, 1929.

that I last saw her alive on Feby 10, 1929

and that death occurred, on the date stated above, at c m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

&

General Senile Ravages

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Feb 11. 1929 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — DATE OF BURIAL: 2/12/29

20 UNDERTAKER: W M Cook — ADDRESS: 217 St Paul St

...—2-29-28—L. F. S.—500 Bks.

E 42843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42843

1—PLACE OF DEATH — REGISTERED NO. 15-63

CITY OF BALTIMORE: (No. 3911 Garrison Blvd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Truehn

(a) RESIDENCE NO. 3911 Garrison Blvd ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Fred S. Tile John C. Truehn

DATE OF BIRTH (month, day, and year) Aug 10 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Herman Truehn
(Address) 3911 Garrison Blvd

15 Filed ..., 19 HAMPSON JONES, M. D. Registrar
11 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb 10, 1929.

that I last saw h-- alive on Feb 9, 1929

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH was as follows:

Phthisis

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? and Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. O'Hara, M. D.

(Address) 3901 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cem	Feb 13 1929
20 UNDERTAKER	ADDRESS
Jas C Millet & Son	2334 W Fay

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42844

CERTIFICATE OF DEATH

100-001 E 42844

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Powers

(a) RESIDENCE NO. S Hamilton St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
54 58	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER Patk Powers

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Shannon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant (Address) Husband 3307 Hudson St

15 Filed 1 1929 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/29

17 I HEREBY CERTIFY, That I attended deceased from 1/27/29, 19..., to 2/10/29, 19...

that I last saw her alive on 2/10/29, 19...

and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

Cardio Vascular

Diseases (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral	2/13 19
20 UNDERTAKER	ADDRESS
J. F. Cahey & Sons	1318 Light

Very Important

Spec.—1-10-21—M&T—1500 Bks.

E 42845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42845

CERTIFICATE OF DEATH

101-61

1-PLACE OF DEATH St. Agnes Hospital 2-14

CITY OF BALTIMORE: (No. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Brown.

(a) RESIDENCE No. 1720 St Paul St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (Write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Brown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 76 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Widow

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Simms

(Address): 1720 St Paul St City

15 Filed .19. G. HAMPSON JONES, M. D. Registrar

By

APR 1923

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 16 1924

17

I HEREBY CERTIFY, That I attended deceased from 2-8 .19 29. to 2-10 .19 29.

that I last saw her alive on 2-10 .19 29

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Rt. Lobar Pneumonia.

(duration) yrs. mos 4? ds.

CONTRIBUTORY (Secondary) cardiac Decompensation

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical Exam.

(Signed) W. W. Ericson M. D.

.19 (Address) Bell and St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 2/17 1924

20 UNDERTAKER: [illegible]

ADDRESS: 31 N Eutaw

2-29-28—L. F. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 42750~~ E 42846 CERTIFICATE OF DEATH 179 ~~E 42750~~ E 42846

—PLACE OF DEATH

TY OF BALTIMORE: (No. Lo Balt Gen Hosp ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Harriet B Cameron

(a) RESIDENCE NO. 1206 N. Charles ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Francis Cameron

ATE OF BIRTH (month, day, and year) June 2, 1890

GE Years	Months	Days	if LESS than 1 day, ...hrs. or ....min.
38	8	8	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Residence Work

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER John Moranda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Francis Cameron

(Address) 1206 N. Charles St

5 Filed FEB 12 1929 ELTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/8, 1929, to 2/10, 1929

that I last saw her alive on 2/10, 1929

and that death occurred, on the date stated above, at 12.25 P. m.

The CAUSE OF DEATH* was as follows:

Toxic Myocarditis

From Acute Urinary

Suppression

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Second & Third Degree Burns of Body (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nelson McKee, M. D.

, 19 (Address) Lo Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/12 1929

20 UNDERTAKER J M Cook — ADDRESS 1217 E Fayette St.

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42847 E 42847

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1127 Bayard ST. 21-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee Augustus Sweeney

(a) RESIDENCE NO. 1127 Bayard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Sweeney

DATE OF BIRTH (month, day, and year) Apr 12, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	28	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Balt City

8 BIRTHPLACE (city or town) (State or country) Prince Georges County Md

PARENTS

10 NAME OF FATHER Alfred Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ridgley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary A Sweeney

(Address) 1127 Bayard St

15 Filed ..... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to July 10, 1929.

that I last saw h[illegible] alive on July 10, 1929.

and that death occurred, on the date stated above, at 605 p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

& myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Neil MacMurtry M. D.

, 19 (Address) 2147 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2/14 1929

20 UNDERTAKER W M Cook 1217

ADDRESS St paul st

[illegible] JONES, M. D.

...—2-29-28—L. F. S.—500 Bks.

Dr Hall 1631 E Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42848

CERTIFICATE OF DEATH

101-001 E 42848

E 42848

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1817 N Caroline ST. 8-17 WARD)

2—FULL NAME Robert D Silverwood

(a) RESIDENCE NO. 1817 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Towers + Mechanics

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William Silverwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Sadler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Wesley L Silverwood

(Address) 2768 Fenwick Ave

15 Filed FEB 12 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb-7, 1929, to Feb 9 1929

that I last saw him alive on Feb 9 1929

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E Gill Hall, M. D.

Feb 10. 1929 (Address) 1631 E Monument Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 2/12 1929

20 UNDERTAKER J W Cook

ADDRESS 1217 E Fort Ave

.—2-29-28—L. F. S.—500 Blks.

E 42849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 42849

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 218 S Albemarle St WARD) 325

2—FULL NAME Michalina Lamonaco

(a) RESIDENCE NO. 218 S Albemarle St WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Salvadore

ATE OF BIRTH (month, day, and year) Jan 23, 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62		10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Carmen Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Michalina Valencia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Lawrence Lamonaco

(Address) 218 S Albemarle

15 Filed ..... C. H. [illegible] JONES, M. D.
Registrar

12 1929 Feb

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 9, 1929,

that I last saw her alive on Feb 4, 1929

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urine

(Signed) Eugene L. Crampton, M. D.

2, 14, 1929 (Address) 5, 4 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 12 1929
20 UNDERTAKER	ADDRESS
Jos. W. E. Dippel & Son	

Cor.—10-10-29—A Co.—100 Bks.

E 42850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42850

CERTIFICATE OF DEATH X 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Convict Camp St. 14-20 Ward)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 148 Winters ave Baltimore md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	Col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Bud Evans

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Dad Evans

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Bertie Smith
(Address) 148 Winters ave Baltimore

15 Filed FEB 12 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 9th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. One

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 14th & Winters Ave

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Lynch M. D.

Feb 11th 1929 (Address) with Dr Dennis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bush Park	2-12 1929
20 UNDERTAKER	ADDRESS
Daniel Easton	Balto

Cor.—12-9-25—A Co.—200 Bks.

E 42851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 E 42851

24-35

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1446 Andre St. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian H. Oppermann.

(a) RESIDENCE NO. 1446 Andre St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of [redacted] Augusta Oppermann.

6 DATE OF BIRTH (month, day, and year) October 27, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Oppermann.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Siebert.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Augusta Oppermann, (wife)

(Address) 1446 Andre St.

15 2-1929 19 C. HARRISON JONES, M. D. Registrar

Pal

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 9, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas. L. Leonard M. D.
(Coroner)

2/11 · 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Cem. Date of Burial Feb 12 19-9

20 UNDERTAKER Chas. L. Timms ADDRESS 150 E Fort Ave

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42852

CERTIFICATE OF DEATH

5 1/4 E 42852

1—PLACE OF DEATH

REGISTERED NO. 10-14

TY OF BALTIMORE: (No. 829 Hartsdale St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rachel Burke

(a) RESIDENCE NO. 829 Hartsdale STR. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Burke.

DATE OF BIRTH (month, day, and year) Dec. 11, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Benj Countess

11 BIRTHPLACE OF FATHER (city or town) St. Marys Co Md (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Riley

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mary E. Bell

(Address) 1465 McCulloh St

15 Filed ... 19 ... C. HARRISON JONES, M. D.

12 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929 to Feb 10, 1929

that I last saw her alive on Feb 9, 1929

and that death occurred, on the date stated above, at 2 A M m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Rheumatism (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. one mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Finch M. D.

Feb 11, 1929 (Address) with the Drs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Cathedral — DATE OF BURIAL: Oct. 12, 1929

20 UNDERTAKER: Mrs. K. G. Elliott — ADDRESS: 1713 Eastland Ave

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42853

CERTIFICATE OF DEATH

46 E 42853

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 623 Pitcher ST. 14-20 (WARD)

2—FULL NAME Bessie Lee

(a) RESIDENCE NO. 623 Pitcher ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 45 yrs. 2 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Fem | 4 COLOR OR RACE: Col | 5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 29-83

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Jno. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Cade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Lee

(Address): 624 Pitcher

15 Filed Feb 13 1929, 19 C. MAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 11, 1929, that I last saw h[illegible] alive on Feb 10, 1929 and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus
metastases to liver

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) H. H. Cooley, M. D.

(Address) 1427 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 13 1929

20 UNDERTAKER: Sam'l H. Chase & Son — ADDRESS: 1400 Madison

E 42854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42854

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 Pine St. Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophronia Cunningham

(a) RESIDENCE NO. 1204 Pine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rossie Cunningham

6 DATE OF BIRTH (month, day, and year) Nov 8 1862

7 AGE Years 66 Months 3 Days

IF LESS than 1 day hrs. or mins.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Paul Conner

11 BIRTHPLACE OF FATHER (City or town) Virginia

(State or country)

12 MAIDEN NAME OF MOTHER Martha Crist

13 BIRTHPLACE OF MOTHER (city or town) Virginia

(State or country)

14 Informant

(Address)

15 Filed FEB 12 1929 19 WM. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1929

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19....., that I last saw h... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

2-10-1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Date of Burial Feb 12 1929

20 UNDERTAKER Wm. H. Chase Son ADDRESS 140 W. Mad

c.—2-29-28—L. F. S.—500 Bks.

E 42855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42855

1—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 823 North Monford Ave ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Ulrich

(a) RESIDENCE NO. 823 N. Monford Ave WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 22. 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ballplayer

(b) General nature of industry, business, or establishment in which employed (or employer): Baseball

(c) Name of employer: Phila Nat. B. B. Club.

BIRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: James Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Josephine Sellar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: John Ulrich

(Address): 823 N. Monford Ave.

FEB 12 1929 Filed

H. MELVIN JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 , 19 29 , to Feb 11 , 19 29 ,

that I last saw him alive on Feb 11 , 19 29 ,

and that death occurred, on the date stated above, at . m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Syncope

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Allen Haynes, M. D.

2-11-29 (Address) 801 N. Monford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill Cemetery	Feb 14 1929

20 UNDERTAKER: August Pasek ADDRESS: 2406 Ashland ave

...—2-29-28—L. F. S.—500 Bks.

E 42856 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 E 42856

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 433 S. Bond ST., 3-4 WARD)

2—FULL NAME Julia Queen

(a) RESIDENCE (NO. 433 S. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Queen

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Kent Co. Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Noah Queen

(Address) 433 S. Bond St.

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/14/29, to 12/10/29, that I last saw h[illegible] alive on 12/8/29, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Anemia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Interstitial Nephritis (duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) [illegible] Barker, M. D.

12/10, 19 29 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	12/13 1929
20 UNDERTAKER	ADDRESS
Chas. W. Johnson	[illegible] Md.

c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42857

CERTIFICATE OF DEATH

84 E 42857

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1025 Brantley Ave 46-76 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George W Gray

(a) RESIDENCE NO. 1025 Brantley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Gray

DATE OF BIRTH (month, day, and year) Feb 4 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Knoxville Tenn

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Annie Gray

(Address) 1025 Brantley

15 Filed 1-21929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 9, 1929, that I last saw him alive on Feb 8, 1929, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Jaundice,

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

Feb 11, 1929 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 12 1929

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1307 Preston St

c.—2-29-28—L. F. S.—500 Bks.

E 42858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 42858

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 614 School ST. 15-21 WARD)

2—FULL NAME Baby Webb

(a) RESIDENCE NO. 614 School ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2/8/29

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto md.

10 NAME OF FATHER Otho Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Allentown Pa.

12 MAIDEN NAME OF MOTHER Mabel Bond Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mabel Barnes

(Address) 614 School St.

15 Filed FEB 12 1929 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/29

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Tracheobronchitis

Interstitial Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

2/11/29 (Address) H. C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb 12 1929
20 UNDERTAKER Thomas O. Nelson	ADDRESS 130 Dearborn

c.—2-29-28—L. F. S.—500 Bks.

E 42859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 42859

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2678 W Franklin ST. 20-69 WARD)

2—FULL NAME Leah S. Gillis

(a) RESIDENCE NO. 2678 W Franklin ST.; WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 73 yrs. 2 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of of the late Joseph A. Gillis

DATE OF BIRTH (month, day, and year) Nov 16th 1855

AGE	Years	Months	Days 24	If LESS than 1 day, hrs. or min.
	73.	2	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Joshua Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary V. Donovan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mr. Charles Bond.

(Address) 2632 W Franklin

15 Filed FEB 13 1929 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30 1929 to Feb 10 1929

that I last saw h[illegible] alive on Feb. 9, [illegible] 1929

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab. Findings

(Signed) John A. Buchness, M. D.

19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Feb 15 1929
20 UNDERTAKER John J. Cowan & Son.	ADDRESS 1120 Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42860

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Gulliver

(a) Residence No. 1706 Brent St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 6-1929

7-AGE, ... yrs. ..... mos. One ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore Md. (State or Country),

PARENTS.

10-NAME OF FATHER, James Coast.

11-BIRTHPLACE OF FATHER (city or town) Mexico (State or Country),

12-MAIDEN NAME OF MOTHER, Helen Smith.

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14-

(Informant).....

(Address).....

15-

FILED AUG 12 1929 192.. C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 7 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929 to Feb 7, 1929 that I last saw him alive on Feb 7, 1929 and that death occurred, on the date stated above, at 12. A m. The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Surgery

(Signed) [illegible] M. D.

(Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Retained by University of Maryland

DATE OF BURIAL, ..., 19....

20-UNDERTAKER

ADDRESS

Cor.—12-3-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42861

CERTIFICATE OF DEATH.

86-103

E 42861

REGISTERED NO.

14-54

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kennard

(a) RESIDENCE NO. 2117 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Oliver Kennard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Wilson

(Address) 1929 McCullough St

15 Filed 2 12 1929 Harry JONES M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/29 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic

Frac. Spine- 6-7 th vertebra.

Struck by Automobile (Jan 9/29)

York Road nr Rossiter Ave)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. Sylla Coroner M. D.

(Address) 19 2/12/29 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 2/12 19

20 UNDERTAKER Samuel Hawsley ADDRESS 713 Edle

...r.—1-12-23—M&T—100 Bks.

E 42862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42862

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

...TY OF BALTIMORE: (No.) Stenen Lemoine ST., 10 WARD) REGISTERED NO. 124.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R Muller

(a) RESIDENCE NO. 917 E Chase ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Mueller

DATE OF BIRTH (month, day, and year) Dec 21, 1857 64

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72.	65	1	18 17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 062

BIRTHPLACE (city or town) (State or country) Howard County Md

10 NAME OF FATHER J. S Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Minnie R. Mueller
(Address) 917 E Chase St

FEB 12 1929 HAMILTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) John H Bowman Coroner, M. D.

2/10, 1929 (Address) 1632 Rolandson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Feb 13 1929

UNDERTAKER Odell L Turner Sr ADDRESS 1442 N Broadway

—2-29-28—L. F. S.—500 Bks.

E 42863 HEALTH DEPARTMENT—CITY OF BALTIMORE 102 E 42863

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1525 E Preston ST. 13 WARD)

2—FULL NAME Annie Theresa O'Donnell

(a) RESIDENCE NO. 1525 E Preston ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

If married, widowed, or divorced (or) WIFE of John H O'Donnell

DATE OF BIRTH (month, day, and year) March 6 - 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Devlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah McCusker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

PARENTS

14 Informant John H O'Donnell

(Address) 1525 E Preston

15 Filed FEB 12 1929 Lawson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 10, 1929, that I last saw h alive on Feb 10, 1929 and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Pleurisy (with Effusion)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lott, M. D.

2/11, 1929 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Feby 13 1929

20 UNDERTAKER Robt L Turnbaugh ADDRESS 1447 Broadway

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42864

CERTIFICATE OF DEATH

11-001

E 42864

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1106 Ashland Ave 10-14 WARD)

2—FULL NAME Joseph Nelsen

(a) RESIDENCE NO. 1106 Ashland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: 1

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): 1879

AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Carl Nelsen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lillian Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Grace Clark Stafford (Mrs Jas)

(Address) 900 Bloom

Filed 8 1929

C. HAMPSON JONES, M. D.

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9-29

17

I HEREBY CERTIFY, That I attended deceased from 2-2, 1929, to 2-8, 1929, that I last saw him alive on 2-9, 1929 and that death occurred, on the date stated above, at 12-5A m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno S Alan, M. D.

2-11, 1929 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: Feb 13 1929

20 UNDERTAKER: Deitrick Williams — ADDRESS: 1515 McElderry St

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42865 — 24001 — E 42865

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. aged Home ST. 27-54 WARD)

2—FULL NAME Mary Lipman

(a) RESIDENCE NO. Belvedere & Greenspring ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Lipman

DATE OF BIRTH (month, day, and year) 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mamie Levy

(Address) 2615 Osmeyle ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb - 9 —, 1929, to Feb - 11, 1929

that I last saw h— alive on Feb - 11, 1929

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

Feb 12 1929 (Address) Herman Seidel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Home Cem

DATE OF BURIAL 2/12 1929

20 UNDERTAKER Jack Levin

ADDRESS 1439 Eutaw St

FEB 12 1929 — J. H. PC... M. D. — Registrar

...c.—1-12-23—M&T—500 Bks.

42866

HEALTH DEPARTMENT—CITY OF BALTIMORE

42866

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Balto Jail Hosp

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Baby Boy Josephson

(a) RESIDENCE No. 2821 Hilldale ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 2-10-29.

AGE Years Months Days If LESS than 1 day, 23 hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Balto Jail Hospt

PARENTS

10 NAME OF FATHER Harry Josephson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sadie Levy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Hospital

(Address)

15 Filed FEB 12 1929 G. HAMPSON JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1929, to 2-11, 1929.

that I last saw h(im) alive on 2-11, 1929,

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

+ Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) J. Berry Carpenter, M. D.

, 19 (Address) West Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehilath Israel Cem

DATE OF BURIAL 2/13 1929

20 UNDERTAKER Jack Levin

ADDRESS 1439 E. Baltimore St

Spec.—I-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42867

CERTIFICATE OF DEATH.

X 101 5001 E 12867

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marine Hospital ST. 17-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Sager

(a) RESIDENCE No. 28 Admiral Ave STREET Dundalk WARD Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	22	

8 OCCUPATION OP DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kenosha
(State or country) Wisconsin

PARENTS

10 NAME OF FATHER George Sager

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Margaretta Jane Long

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Charles W Sager
(Address) 28 Admiral Ave Dundalk Md

15 Filed FEB 12 1929 C. HARRY BAUM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to Feb 10, 1929, that I last saw him alive on Feb 10, 1929, and that death occurred, on the date stated above, at 8 52 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Dr A Coroner J Hoorsoper

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation acute

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Dundalk Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Bradley D Hodgkins, M. D.

2/10, 1929 (Address) US Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 12 1929

20 UNDERTAKER E. LeRoy Stuffler — ADDRESS 125 E Monta ave

c—1-12-23—M&T—500 Bks.

42868

Gantz

HEALTH DEPARTMENT—CITY OF BALTIMORE 73 E 42868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST 9-47 (WARD)

2-FULL NAME Jennie Gantz

(a) RESIDENCE NO. 513 E 35th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) W

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE 68 Years | Months | Days | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Marcelle Crockett

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records of (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-11, 1929, that I last saw h[illegible] alive on 2-11, 1929, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Spastic Paraplegia
Cystitis Decubitus
Ulcers

(duration) 1 yrs. 6 mos. History Obtained

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Hark, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cemetery — DATE OF BURIAL Feb. 13 1929

20 UNDERTAKER E. LeRoy Stufflebeam — ADDRESS 125 E. Hoffman St.

c.—1-12-23—M&T—500 Bks.

E 42869

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-602

E 42869

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 West. Montgomery St. (WARD) 22-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman D. Edlmann

(a) RESIDENCE NO. 8 W. Montgomery ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced~~, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Trail Edlmann

DATE OF BIRTH (month, day, and year): Feb. 16-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 086

(b) General nature of industry, business, or establishment in which employed (or employer): Shape Pipes

(c) Name of employer: Factory

BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Albinus Edlmann

(Address): 8 W. Montgomery St.

15 Filed: FEB 12 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10 1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928, to Feb. 10, 1929.

that I last saw h[illegible] alive on Feb. 10, 1929

and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General debility

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Henry Wheeler Smith M. D.

Feb 12, 1929 (Address) 933 Hanover.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 13 1929

20 UNDERTAKER: Fred A. Kranert — ADDRESS: 703 Hanover

ec.—1-12-23—M&T—500 Bks.

E 42870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42870

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Brunt St. 14-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Anderson

(a) RESIDENCE No. 1812 Brunt ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Anderson

6 DATE OF BIRTH (month, day, and year) Nov 6- 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
75	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6/12

(c) Name of employer

9 BIRTHPLACE (city or town) Easton
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Anderson

11 BIRTHPLACE OF FATHER (city or town) Easton
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Schuckity

13 BIRTHPLACE OF MOTHER (city or town) Easton
(State or country) Maryland

14 Informant Mrs. Kate Brown
(Address) 2306 Calverton Hts. Ave.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Feby 10, 1929, that I last saw h alive on Feby 10, 1929 and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Anaemia

(duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Finding

(Signed) Paul Brown M. D.

Feb 10, 1929 (Address) 1837 Texas Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westview Cemetery	Feby 13 1929
20 UNDERTAKER	ADDRESS
J. Fred Lennard & Son	North Ave

...—1-12-23—M&T—500 Bks.

E 42871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 96-37 REGISTERED NO. 90

CITY OF BALTIMORE: (No. 6 ST., WARD)

2-FULL NAME Leonora Lora V. Dunn

(a) RESIDENCE No. Balto. City Hosp. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Geo. W. Dunn

6 DATE OF BIRTH (month, day, and year): Oct 16-1855

7 AGE: Years 73 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm. Funkel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elizabeth Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Patient Miss Elizabeth Dickey

(Address) 2710 N. Charles St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/30, 1914, to 2-9, 1929, that I last saw her alive on 2-9, 1929, and that death occurred, on the date stated above, at 11:45 A.m.

The CAUSE OF DEATH* was as follows: Myocardial degeneration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Official Exam

(Signed) H. H. Hock M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Feb. 12 1929

20 UNDERTAKER: Wm J Tuckner & Son — ADDRESS: N & Pa

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42872

CERTIFICATE OF DEATH.

191 E 42872

REGISTERED NO. 23131

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Connie Beatrice Irvin.(C)

(a) RESIDENCE NO. 935 Bevan St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 16, 1918.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	11	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Alabama.

PARENTS

10 NAME OF FATHER Freeman Irvin.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Alabama.

12 MAIDEN NAME OF MOTHER Celia Henderson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Alabama.

14 Informant Freeman Irvin.(C) father.

(Address) 935 Bevan St.

15 Filed ..... 19 ..... Registrar

very important.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest. (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage, Laceration of the liver, due to a pistol shot wound of the abdomen, Homicide.

..... (duration) ..... yrs. ..... mns. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

2/12, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

(Where was disease contracted, if not at place of death?

Hamburg & Bevan Sts. Balto.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion ct

Date of Burial Feb 12 1925

20 UNDERTAKER C. H. Burns & Son

ADDRESS

FEB 17 1925 REGISTRAR

Spec.—1-10-21—M&T—1500 Blks.

E 42873 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42873

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 W. West St.) 23-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Duddley

(a) RESIDENCE No. 164 W. West St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. Nine ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 31st 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			Nine	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Maryland

(State or country) 164 W. West St.

PARENTS

10 NAME OF FATHER Henry Neal Duddley

11 BIRTHPLACE OF FATHER (city or town) Washington

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Rosetta Sykes.

13 BIRTHPLACE OF MOTHER (city or town) Newbern

(State or country) North Carolina.

14 Informant Henry N. Duddley

(Address) 164 W. West St.

15 Filed FEB 12 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9th 1929

17 I HEREBY CERTIFY, That I attended deceased from January 31st, 1929, to February 9th, 1929, that I last saw her alive on February 8th, 1929, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2-9-1929 (Address) Louisville Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion et

DATE OF BURIAL Feb 12 1929

20 UNDERTAKER J. L. Brown & Son

ADDRESS 1018 W. Mon

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42874

E 42874

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH In front of

City of BALTIMORE: (No. 803 S. Charles St. St. 72-21 Ward)

2-FULL NAME Unknown. (C)

(a) RESIDENCE NO. Do not know. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 45	-	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report, S. D.

(Address)

15 Filed FEB 12 1929 C. Hewson Jones, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Wesley Jones (Coroner) M. D.

2/12, 1929 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

Date of Burial Feb 12 1929

20 UNDERTAKER J. F. Brown's Son

ADDRESS 1017 W. Baltimore St.

very important. Be particular.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42875

CERTIFICATE OF DEATH.

74-001

E 12875

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1507 N. Bond St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Vincent

(a) RESIDENCE NO. 1507 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: M. Amanda Vincent

6 DATE OF BIRTH (month, day, and year): July 5 — 1852

7 AGE: Years 76 | Months 7 | Days 6 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 45

(b) General nature of industry, business, or establishment in which employed (or employer): Store-Keeper

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mrs. Clara

(Address) 1507 N. Bond St.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D.

Registrar

Per

FEB 12 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 1929, to Feb 11, 1929, that I last saw h.. alive on Feb 11, 1929, and that death occurred, on the date stated above, at 10.40 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Walter Thomas, M. D.

Feb 11 1929 (Address) 1223 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial 2/14 1929

20 UNDERTAKER: Chas. S. Ward & Son — ADDRESS 1111 Mt. Royal Ave

Very Important: Be sure

Cor.—12-9-25-76—200 Bks.

E 42876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-091

E 42876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 640 N. Fremont (Ward) 16

2-FULL NAME Annie Broadey

(a) RESIDENCE NO. 640 N. Fremont Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Broadey

6 DATE OF BIRTH (month, day, and year): 1876 - Apr 10

7 AGE — Years: 52 — Months: 10 — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Stephen Flaherty

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Edw M Hatten

(Address) 640 N. Fremont Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 11 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy) (duration) ..... yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) 6 yrs. ..... mos. ..... ds.

Witness ..... (Coroner) M. D.

Feb 11 1929 Coroner N. W. Dist

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Feb 14 1929

20 UNDERTAKER: A. Jones ADDRESS 111 S Eden St

very important

c.—2-29-28—L. F. S.—500 Bks.

E 42877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 42877

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3610 Hickory Ave ST., 13 WARD)

2—FULL NAME Lawrence Jr. Balderston

(a) RESIDENCE NO. 3610 Hickory Ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 22-1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	119	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William Balderston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida M. Tase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant William Balderston

(Address) 3610 Hickory Ave

15 Filed FEB 12 1929 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1929, to Feb 11th, 1929, that I last saw h— alive on Feb 10th, 1929 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

2/11, 1929 (Address) 846 W 36 St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet (Hampden)	Feb. 13 1929
20 UNDERTAKER	**ADDRESS**
Horace H. Burgee	423 Gold Road

c.—2-29-28—L. F. S.—500 Bks.

E 42878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 E 42878

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. Baltimore City Hospitals 1673 WARD)

2—FULL NAME Alexander Henson

(a) RESIDENCE NO. 1315 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	married

If married, ~~widowed, or divorced~~
~~Husband of~~ (or) ~~wife of~~ → Ida Henson

DATE OF BIRTH (month, day, and year) June 15, 1888.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Chesterfield

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Alexander Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Dare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry Goldsmith
(Address) Balto City Hosp!

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1929.

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1927, to 2-10, 1929, that I last saw him alive on 2-9-, 1929 and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

2/10/29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 13 1929

20 UNDERTAKER Jas H. Chase & Son — ADDRESS 1400 Mosher

...—2-29-28—L. F. S.—500 Bks.

E 42879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42879

CERTIFICATE OF DEATH

H H Garrison 2604 Garrison Blvd 2W 6331

1—PLACE OF DEATH

REGISTERED NO. 15-63

CITY OF BALTIMORE: (No. 3824 Garrison Blvd ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Bennett

(a) RESIDENCE NO. 3824 Garrison Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Bennett

DATE OF BIRTH (month, day, and year) Aug 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Gaylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret Taylor (Address) 3824 Garrison Blvd

15 Filed ..., 19 HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Feb 4, 1929.

that I last saw her alive on Feb 4, 1929.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

Interstitial Nephritis (Chronic) 6 years.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward P. Sellers M. D.

Feb 12 1929 (Address) 2604 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park (Cremation)	2/13 1929
20 UNDERTAKER	ADDRESS
(illegible)	215 E Fayette St

ec.—1-12-23—M&T—500 Bks.

E 42880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 42880
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1734 Callaway ST. 15-21 WARD)

2-FULL NAME. Mary Crawley

(a) RESIDENCE NO. 1734 Callaway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) out

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Crawley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Grant Co. W. Va.

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Grant Co. Va

14 Informant Joseph Crawley
(Address) 1734 Callaway St

15 Filed FEB 12 1929 Registered by HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/2 1929 to 2/9 1929, that I last saw h alive on 2/9 1929 and that death occurred, on the date stated above, at 12 45 m

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Uremia

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B W Clutter, M. D.

2/11, 1929 (Address) 2129 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Feb 12 1929.

UNDERTAKER Eugene V. Brooks ADDRESS 1700 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

22 13 34 12881 3.45 A.M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90

E 42881

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Homer L. Henkel

(a) RESIDENCE NO. Staunton Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz

6 DATE OF BIRTH (month, day, and year) Oct 28 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dr Homer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hattie McGuffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed FEB 12 1929 C. HARRISON JONES, M. D. Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from January 7 1929 to February 12 1929 that I last saw him alive on February 12 1929 and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis + Regurgitation
Aortic insufficiency (Relative)

(duration) 3 yrs. 6 mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton, Va

DATE OF BURIAL Feb. 13 1929

UNDERTAKER John C. Mitchell Sons

ADDRESS 1900 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

E 42882 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42882

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 27-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Cohen

(a) RESIDENCE No. Forrestdale Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline

6 DATE OF BIRTH (month, day, and year) April 11, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Simon Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Abe Cohen

(Address) 1819 N. Appleton St

15 Filed ..., 19... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 19 29

17

I HEREBY CERTIFY, That I attended deceased from 1/5/29, 19... to 2/12/29, 19...

that I last saw him alive on 2-12, 19 29,

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

C.V.D. - R. Pneumonia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings Laboratory tests

(Signed) Samuel Epstein M. D.

2/12 19 29 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Washington Rd

DATE OF BURIAL 2/12 1929

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 42883 E 42883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 21-56 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Miller

(a) RESIDENCE NO. 5103 Litchfield ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21 21

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	7	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Schoolgirl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Ellis Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Vivian Mendelow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant E. Miller

(Address) 5103 Litchfield wd

15 Filed FEB 12 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11, 1929

17

I HEREBY CERTIFY, That I attended deceased from 2/10, 1929, to 2/11, 1929.

that I last saw h[illegible] alive on 2/11, 1929,

and that death occurred, on the date stated above, at 7:05 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema.

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcic meningitis

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? .....

What test confirmed diagnosis? Spinal tap.

(Signed) H. Fisher, M. D.

2/12, 1929 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Cem

DATE OF BURIAL Feb 12, 1929

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

Hutchins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12884

CERTIFICATE OF DEATH.

89 E 12884

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Clifton Ave ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma C. Hutchins

(Residence in Baltimore: No. 3002 Clifton Ave St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Married

6-DATE OF BIRTH, Oct 14, 1860 (Month) (Day) (Year)

7-AGE, 68 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Work at Home

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Mathias

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Weyson

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M. Hutchins

(Address) 3002 Clifton ave

15- Filed FEB 12 1929 Registrar. C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10 (Month) (Day), 1929 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1928, to 2-10-29 191, that I saw her alive on 2-10-29 191, and that death occurred, on the date stated above, at 5.45P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Complex

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 9 yrs. mos. ds.

(Signed) [illegible] M. D.

2-11-29, 191... (Address) 5400 Wabash Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Feb 13, 1929
20-UNDERTAKER W M Routson	ADDRESS 2238 N Mth

-28—L. F. S.—500 Bks.

42885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 42885

BALTIMORE CITY HOSPITALS

PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Goldstein

(a) RESIDENCE NO. 1117 Granby ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): O & S

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pa

10 NAME OF FATHER: David

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Patient
(Address) BALTIMORE CITY HOSPITALS

15 Filed 19 AMOS W. W. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-11-29

17 I HEREBY CERTIFY, That I attended deceased from 2-7 . 19 29 . to 2-11 . 19 29 .

that I last saw h. alive on 2-11 . 19 29

and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia, Lobar, right

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chest x-ray.

(Signed) H. M. Wolk M. D.

2/12 . 19 29 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 2/12 1929

20 UNDERTAKER: Jacob Lewis

ADDRESS: 1439 E Baltimore St

28—L. F. S.—500 Bks.

42886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 V E 42886

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No. City Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Margaret F. Martin

(a) RESIDENCE NO. 1049 W. Barre St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 4 mos. c ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard A. Martin

DATE OF BIRTH (month, day, and year): Oct 13 1908

AGE: Years 20 Months 3 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John W. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Hilda J. Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Bernard A. Martin

(Address): 1049 W. Barre St.

15 Filed [illegible] 1929 H. M. SANDERLIN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929 to Feb 11, 1929

that I last saw h alive on Feb 10, 1929

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) C. K. S. Campbell M. D.

2/11, 1929 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb 14 1929

20 UNDERTAKER: Jas Jenkins Son — ADDRESS: 217 S. Pa

ee.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42887

CERTIFICATE OF DEATH

105 E 42887

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 103 West 27th ST., 21-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles C. Barrett

(a) RESIDENCE NO. 103 W. 27th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

DATE OF BIRTH (month, day, and year) ———

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	--	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER James J. Barrett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna M. Lithgow

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Rose B. Caffrey
(Address) 103 West 27th Street

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/29

17 I HEREBY CERTIFY, That I attended deceased from 2/5, 1929, to 2/11, 1929.

that I last saw him alive on 2/11, 1929

and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Asthma

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

Pulmonary Edema (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Phy Examination

(Signed) W. Guard, M. D.

2/12, 1929 (Address) 804 Cathedral St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/13 19 29
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 705 N. Calvert

FEB 12 1929 W. S. [illegible] Registrar

L. F. S.—500 Blks.

E 42888 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42888

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Orleans ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Briggs

(a) RESIDENCE NO. 1807 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 2. 1918

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Eley Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Elizzie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Elizzie Briggs

(Address) 1807 Orleans St

15 Filed DEC 12 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to Feb 10, 1929,

that I last saw her alive on Feb 10 3:30 P 1929

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

1 Apnoea

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-12, 1929 (Address) 638 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bury Cemetery

DATE OF BURIAL Feb 12 1929

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42889

CERTIFICATE OF DEATH.

31

E 42889

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE (No. 1026 N. Lexington St. 18-7a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene W. Johnson

(a) Residence No. 1026 N. Lexington St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 13, 1884

7-AGE. 45 yrs. ..... mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Painter

(b) General nature of industry, business, or establishment in which employed (or employer)..... Painting

(c) Name of employer..... Baltimore

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS.

10-NAME OF FATHER Eugene W. Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Sarah A. Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14-(Informant) Sarah E. Johnson

(Address) 1026 N. Lexington St

15-

Filed ..... 192 HAMPSON JONES, M. D. Registrar.

12 1929

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 10, 1929

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929 to Feb. 10, 1929

that I last saw him alive on Feb 10, 1929

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Interstitial

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Exam.

(Signed) Roland Thompson M. D.

Feb 10, 1929 (Address) 1534 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Feb. 13, 1929
20-UNDERTAKER.	ADDRESS
Fro. Katie R. Williams	322 N. Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42890

CERTIFICATE OF DEATH.

E 42890

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Lorman Ages Home St. 700 Ward)

2-FULL NAME Grace Meyer

(a) RESIDENCE NO. Lorman Ages Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 17th 1842

7 AGE: Years 86 | Months 7 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Chalon Meyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hauck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Lorman Ages Home Balt & Tryson Sts

Filed 12 1929 O. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Feb. 11, 1928, that I last saw her alive on Feb 9th, 1928, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hough, M. D.

2 11, 1929 (Address) 1843 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial Feb 13th 1929

20 UNDERTAKER: Wolf & Cook ADDRESS 1063 West Baltimore St.

VERY IMPORTANT. See instructions on reverse side.

ec.—1-12-23—M&T—500 Blks.

E 42891 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42891

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) 126 Broadway ST. 16.37 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Scheben

(a) RESIDENCE NO. 2095 Eaton ST. 26 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna C. Scheben

6 DATE OF BIRTH (month, day, and year): Nov. 1st 1872

7 AGE — Years: 56 — Months: 3 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Machinist at 031

(a) Trade, profession or particular kind of work: Md. Ship Building Co.

(b) General nature of industry, business, or establishment in which employed (or employer): Fairfield Balto. Md.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Scheben

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ? 29/10

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Johanna C. Scheben (Wife)
(Address) 2095 S. Eaton St.

15 Filed: 2 1929 C. HAMPSON JONES, M. D. Registrar

Entered RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 10, 1929, that I last saw h[illegible] alive on Feb 10, 1929 and that death occurred, on the date stated above, at 1 25 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Dan B. Peters M. D.

(Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 13th 1929

20 UNDERTAKER: Lilly & Julian Sud — ADDRESS: 403 S Wolfe St

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42892

CERTIFICATE OF DEATH

E 42892

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) Sydenham Hospital (WARD) 26-31

2—FULL NAME Charles Munk

(a) RESIDENCE NO. 3730 Mt. Pleasant ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 9 mos. 5 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 5, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	9	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Charles Munk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bessie Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gainesville Ga

14 Informant Bessie Munk

(Address) 3730 Mt. Pleasant St.

15 Filed FEB 12 1929, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to Feb 10, 1929, that I last saw h[im] live on Feb 10, 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Sore Throat - (Pharyngitis & Tonsillitis)

(duration) — yrs. — mos. 6 da.

CONTRIBUTORY (Secondary) Acute Cervical adenitis

(duration) — yrs. — mos. 4 da.

18 Where was disease contracted if not at place of death? 3730 Mt. Pleasant St.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis Clinical findings & culture

(Signed) Addison Craft Ilsley, M. D.

2-11, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Feb. 13 1929
20 UNDERTAKER Kelly & Zeller Sons	ADDRESS 4038 Wolfe St

ec.—2-29-28—L. F. S.—500 Bks.

E 42893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42893

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. Howard & Madison ST. 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cyrus C Cronin

(a) RESIDENCE NO. Abbington, Md. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 14, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Harford Co Maryland

10 NAME OF FATHER Benjamin Cronin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Portney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Record
(Address)

15 121929 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Feb 12, 1929, that I last saw him alive on Feb 12, 1929 and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Adenoma Prostate.
Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Jan 26, 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Reifschneider, M. D.

2/12, 1929 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Abingdon Cemetery	Feb 15 1929
20 UNDERTAKER H. Howard Nicholson	ADDRESS Abingdon

ec.—2-29-28—L. F. S.—500 Bks.

E 42894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 001

E 42894

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1621 Druid Hill Ave ST. 14-20 WARD)

2—FULL NAME George N. Purnell

(a) RESIDENCE NO. 1621 Druid Hill ST., WARD 14
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

DATE OF BIRTH (month, day, and year): ? 1846

AGE: 83 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Snow Hill, Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs. L. Giles

(Address) 1621 Druid Hill

15 Filed 1 27 1929 19 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-10-29

17 I HEREBY CERTIFY, That I attended deceased from December 28 1928, to Feb 10 - 1929.

that I last saw h[illegible] alive on " 19

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary): Senility, debility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. H. Cardozo, M. D.

2-11-1929 (Address) 1524 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Snow Hill, Md.

DATE OF BURIAL: 2/13/1929

20 UNDERTAKER: Jos. Geo. H. Holland

ADDRESS: 1631 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

E 42895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42895

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hosp 10-14 St. Ward)

2-FULL NAME Frank Trasarti

(a) RESIDENCE NO. 1115 Proctor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jennie Trasarti

6 DATE OF BIRTH (month, day, and year): March 17 - 1881

7 AGE: Years 47 Months 11 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Ferdania Trasarti

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Tilla Brosadia

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Italy

14 Informant: Jennie Trasarti

(Address) 1115 Proctor st

15 Filed ....., 19 ..... Registrar

12 15 29

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) .....yrs. .....mos. 1 hr.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Pilling M. D.

(Coroner)

18 2/12/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 2/14 1929

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hoffman

Spec.—1-10-21—M&T—1500 Blks.

E 42896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42896

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 7-9 WARD)

REGISTERED NO. 1621

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Warfield

(a) RESIDENCE NO. Woodbine Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1929.

7 AGE Years Months Days If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Johns Hopkins Hosp. Boston.

PARENTS

10 NAME OF FATHER Ezekiel Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

FEB 21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 19 29.

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 , 19 29 . to Feb 11 19 29 .

that I last saw her alive on Feb 11, 19 29 ,

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry A. Hollenberg M. D.

. 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westlake Family Cem. DATE OF BURIAL Feb. 3 1929

20 UNDERTAKER Easton & Sons ADDRESS Elkton Md

Cor.—12-9-25—A Co.—200 Bks.

E 42897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001
E 42897
REGISTERED NO.

1-PLACE OF DEATH Enroute
City of BALTIMORE: (No. St. Joseph Hospital St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris May Ridgell

(a) RESIDENCE NO. 2415 Robb St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7/29

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Herbert Ridgell
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va
12 MAIDEN NAME OF MOTHER Gertrude Muller
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Del

14 Informant Herbert Ridgell
(Address) 2319 Robb St

15 Filed ..... 19 H. AMERSON JONES, M. D. Registrar

B 131929 C. HALSEY JONES M. D.

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/29 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Prematurity (6 mons Gestation)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. S. Mc... M. D.
(Coroner)
2/12/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — Date of Burial 2/13 1929
20 UNDERTAKER W. M. Cook — ADDRESS 1217 E. Fayette

very important. See instructions on back of

Dec.—2-29-28—L. F. S.—500 Bks.

Dr Davis 1227 Madison Ave

E 42898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 42898

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1337 Ramsay ST. 21-29 WARD)

2—FULL NAME Olga F Schmidt

(a) RESIDENCE NO. 1007 N Bare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James F Schmidt

7 DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46 45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A Home

9 BIRTHPLACE (city or town) (State or country) Denmark.

10 NAME OF FATHER Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark.

12 MAIDEN NAME OF MOTHER Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark.

PARENTS

14 Informant James F Schmidt

(Address) 1337 Ramsay St

15 Filed 3 19 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 29 to Feb 11, 29

that I last saw h.. alive on Feb 11, 29

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hilford Davis M. D.

2/13/29 19 (Address) 1227 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	2/14 19 29
20 UNDERTAKER	ADDRESS
J. W. Cook	1217 Mad St

rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42899

CERTIFICATE OF DEATH

74-001

REGISTERED NO. E 42899

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 McCulloh ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Edams

(a) RESIDENCE NO. 916 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) -1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Eleanor McCulloh
(Address): 916 McCulloh

15 Filed ..., 19 2001 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/29

17 I HEREBY CERTIFY, That I attended deceased from 2/9, 1929, to 2/12, 1929, that I last saw h[illegible] alive on 2/11, 1929 and that death occurred, on the date stated above, at 6. A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Hawkins M. D.

2/12, 1929 (Address) 912 Eilbeck St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	2/14, 1929
20 UNDERTAKER	ADDRESS
Samuel Feldman	578 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

42900 1-PLACE OF DEATH

REGISTERED NO. E 42900

CITY OF BALTIMORE: (No. 124 N. Carlton ST., 18-W WARD)

(If death occurred in a hospital or institution give NAME instead of street and number.)

2-FULL NAME Sarah Sugars

(a) RESIDENCE NO. 124 N. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Sugars

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Sarah Butler

(Address) 124 N. Carlton

15 Filed FEB 10 1929 H. BRUCE KNIGHT, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929 to Feb 9, 1929

that I last saw h alive on Feb 8, 1929

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Reuben Kleinfeld, M. D.

2/9/29 (Address) 108 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Lawn

DATE OF BURIAL: 2/13 1929

20 UNDERTAKER: Samuel D. Hemelright

ADDRESS 578 N. Eutaw

TION is very important. See instructions on

Spec.–7-17-26—A Co.—200 Bks.

Mary J. Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

42901

CERTIFICATE OF DEATH

129

REGISTERED No. F 42901

1-PLACE OF DEATH

City of BALTIMORE: (No. 1921 Division St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie J. Hill

(a) RESIDENCE NO. 1921 Division St. 14 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Hill

6 DATE OF BIRTH (month, day, and year): June 8 1878

7 AGE: Years 51 Months 1 Days 2

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Seamstress

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Chas Hiles

11 BIRTHPLACE OF FATHER (City or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Johanna Prugg

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: William H. Hill

(Address): 1921 Division St

15 Filed FEB 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-1929

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1929 to Feb 11 1929, that I last saw h.. alive on Feb 9 1929, and that death occurred, on the date stated above, at 6^05 a.m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

2/13/29 (Signed) [illegible] M. D.

(Address) 1202 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial 7/3 1929

20 UNDERTAKER: [illegible] — ADDRESS 578 N Eutaw

Harold Jones, M. D.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. Lavinia Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42902

CERTIFICATE OF DEATH.

E 42902

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Fulton St. 11-24 WARD)

2-FULL NAME Lavinia Jones

(a) RESIDENCE No. 910 Fulton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Fulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo. A. Johnson
(Address) 1336 Lamont St.

15 Filed AUG 13 1929 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/ 1929

17 I HEREBY CERTIFY, That I attended deceased from 7/9/ 1929, to 7/10/ 1929.
that I last saw h alive on 7/10/ 1929.
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos 6 ds.
CONTRIBUTORY (Secondary) Myocarditis & Obesity
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. Lee Elkin, M. D.
, 19 (Address) East Mad. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-12 1929
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Pac Ave

TION is very important. See instructions on

...ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42903
1—PLACE OF DEATH

CERTIFICATE OF DEATH

9 E 42903
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1639 Vincent ST., 15-21 WARD)

2—FULL NAME Harriett Endor-Ensey

(a) RESIDENCE NO. 1639 Vincent ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Perry Ensey

7 DATE OF BIRTH (month, day, and year): Nov. 22 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS
10 NAME OF FATHER: John Price
11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md
12 MAIDEN NAME OF MOTHER: Martha Thomas
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md

14 Informant: Georgia Tilghman
(Address) 1639 Vincent St

15 Filed ..... 19 ..... HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-10-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-2- 19 29 to 2-10- 19 29
that I last saw h[illegible] alive on 2-9- 19 29
and that death occurred, on the date stated above, at 1 55 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? ✓

(Signed) George Page M. D.
19 (Address) 516 N Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arnolds Adm Mo
DATE OF BURIAL: 2-13 1929

20 UNDERTAKER: Sam'l Easton
ADDRESS 916 Ba ore

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42904 | 692904 | E 42904

CERTIFICATE OF DEATH

1—PLACE OF DEATH Provident Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 18-16 ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Mason

(a) RESIDENCE NO. 939 Bennett Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work m

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Lee mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Josephine mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant William Lewis (Address) 939 Bennett Place

15 Filed [illegible] 19[illegible] [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr 11/29.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17 . 1929. to Feb. 11 . 1929.

that I last saw her alive on Feb. 11 . 1929

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia (Cause)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

. 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Carter Conn

DATE OF BURIAL 2-13 1929

20 UNDERTAKER Hamet Exton

ADDRESS 716 Druid

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42905

CERTIFICATE OF DEATH

90 E 42905

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 109 W Perry ST. 2-2-30 WARD)

2—FULL NAME James P Smith

(a) RESIDENCE NO. 109 W Perry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Smith

3 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) " " OHO

(c) Name of employer — —

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Annie Smith

(Address) 109 W Perry St.

15 Filed FEB 13 1929 JOHN JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/29

17 I HEREBY CERTIFY, That I attended deceased from 1/18, 1929, to 2/10, 1929, that I last saw h alive on 2/9, 1929, and that death occurred, on the date stated above, at 11:43 p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Gwynn Bailey, M. D.

2/11, 1929 (Address) 1908 Bloomfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broadbackaco md — DATE OF BURIAL Feb 13 1929

20 UNDERTAKER C A Brown & Son — ADDRESS 108 W Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42906

118-002

CERTIFICATE OF DEATH.

REGISTERED NO. E 42906

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmett Hayes

(a) RESIDENCE NO. 1520 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mable

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years 39	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) C+D

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mable Hayes

(Address) 1520 W. Lexington

Filed 1927 C. HAMPSON JONES, M. D. Registrar

Ref

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

Peritonitis —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) Chas. H. Brook M. D.

(Coroner) 20 East

2/11, 1927 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg Va Date of Burial 2/13 1927

20 UNDERTAKER Edmund L. Brady ADDRESS 1122 Dale

very important. See instructions on back of certificate.

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42907

CERTIFICATE OF DEATH

90 E 42907

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 205 East ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jane Robinson

(a) RESIDENCE NO. 205 East ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Robinson

DATE OF BIRTH (month, day, and year) 1876

AGE 53	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Queen Annes Co Md.

PARENTS

10 NAME OF FATHER George Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Henrietta Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Annes Co. Md

14 Informant Emma R. Hicks

(Address) 205 East St

15 Filed 1-31-1929 WATSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10-29

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 10, 1929.

that I last saw her alive on Feb 10, 1929

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

2-11, 1929 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Evergreen Cemetery	2 13 1929
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	1921 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

E 42908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42908

CERTIFICATE OF DEATH.

1929

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caton & Wilkens Ave S 20-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas E Fitzgerald

(a) RESIDENCE NO. 3797 Culver St ST., WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male ~~Female~~ | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1913

7 AGE Years 15 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mary L Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Fitzgerald
(Address) 3797 Culver St

15 Filed 1 3 1929 C. HAMPSON JONES, M. D. Registrar
Del Ellen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11th 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7. 1929 to Feb 11 1929.

that I last saw him alive on Feb 11 1929

and that death occurred, on the date stated above, at 3.50 a. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anuria & Uremic Coma.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at his home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam & Autopsy

(Signed) Nicholas R Gonella M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem | DATE OF BURIAL Feby 14 1929

20 UNDERTAKER John J Cowan & Son | ADDRESS 501 Hamilton Ave

TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42909

CERTIFICATE OF DEATH.

129

E 42909

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Barnes ST., 10-13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Wilson

(a) RESIDENCE NO. 1418 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed.

5a If married, widowed, or divorced (or) WIFE of John C Wilson

6 DATE OF BIRTH (month, day, and year) Mar 31 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	10.	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Barryman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Elizabeth Somerville

(Address) 1418 Barnes

15 Filed FEB 13 1929 H. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10- 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-6-, 1927, to 2-10-, 1929, that I last saw her alive on 2-9-, 1929 and that death occurred, on the date stated above, at 10,30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulets.

(duration) unknown. yrs. mos ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) unknown. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Cargile, M. D.

2-11-1929 (Address) 611-N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 2-14 1929

20 UNDERTAKER Jas M. Skinner ADDRESS 1620 E. Fred

Cor.—12-9-25—A Co.—200 Bks.

E 42910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 42910

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2445 Bethel St. 3-4 Ward)

2-FULL NAME Joseph Pack

(a) RESIDENCE NO. 2445 Bethel St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Common Or

(c) Name of employer

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Nathaniel Pack

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Salt City

12 MAIDEN NAME OF MOTHER Charlotte Coleman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Marys Co.

14 Informant Estella Cooper

(Address) 2274 Spring

15 Filed _____, 19____ _____ M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Grippe Influenza

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James H Fenton M. D.

(Coroner)

2/12 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial Feb. 13 1929

20 UNDERTAKER Wm J. G. Locke ADDRESS 302 N Eutaw

very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Blks.

42911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-00 E 42911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans Sts. ST. 2-57 WARD)

2-FULL NAME Mrs Eva King

(a) RESIDENCE No. 310 Foote St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George L. King

6 DATE OF BIRTH (month, day, and year) May 25 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Wm. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant George L. King

(Address) 350 Foote St

15 Filed Feb 13 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 , 1929 , to Feb 12 , 1929.

that I last saw h[illegible] alive on Feb. 11 , 1929 ,

and that death occurred, on the date stated above, at 3.15 m.

The CAUSE OF DEATH* was as follows:

Meningitis

2 (duration) days yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 303 Forest Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL S. S. Mayer Woodlawn DATE OF BURIAL Feb 14 1929

20 UNDERTAKER Schnavelton ADDRESS 2[illegible] Pratt

TION is very important. See instructions on

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42912

CERTIFICATE OF DEATH.

100-001

E 42912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Arlington ave St. 18-Va WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Clubb

(a) RESIDENCE NO. 705 Arlington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Leon R Clubb

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Ethel R Mayo

13 BIRTHPLACE OF MOTHER (city or town) France (State or country)

14 Informant Leon R Clubb

(Address) 705 Arlington ave

15 Filed FEB 13 1929 JOHN JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 27, 1929, to Feby 12, 1929, that I last saw her alive on Feby 11, 1929, and that death occurred, on the date stated above, at 6.35 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual Conditions

(Signed) Wm. J. Pillsbury, M. D.

2/12 1929 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feby 14 1929

20 UNDERTAKER George Schillington Son

ADDRESS 1501 Greenmount

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42913

CERTIFICATE OF DEATH.

31 E 42913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 Ensor St. 5-8 WARD)

2-FULL NAME Alice Jones

(a) RESIDENCE No. 639 Ensor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Jones.

6 DATE OF BIRTH (month, day, and year) Autumn 877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant James Jones (Address) 639 Ensor st.

15 Filed FEB 13 1929, 19 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to Feb 11, 1929, that I last saw h[illegible] alive on Feb 10, 1929, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lung Abscess

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Probably tubercular

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. Gatling, M. D.

2/12 1929 (Address) 1719 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va

DATE OF BURIAL Feb. 13, 1929

20 UNDERTAKER Wm. R. G. Elbert

ADDRESS 17[illegible] Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42914

CERTIFICATE OF DEATH.

E 42914

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. 15-22 ST. WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Makel

(a) RESIDENCE NO. 1319 Hatteras ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: 59 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jacob Makel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Geographic

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 13 1929 C. HAMILTON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1929, to 2-8, 1929, that I last saw h[illegible] alive on 2-8, 1929, and that death occurred, on the date stated above, at 11.00 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis; Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb. 13, 1929

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 42915

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH.

E 42915
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Stillman ST., 9-18 WARD)

2-FULL NAME Henry Baer

(a) RESIDENCE No. 1308 Stillman ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Baer

6 DATE OF BIRTH (month, day, and year): Dec. 14/1847

7 AGE: Years 81 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Baer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Eva Baer
(Address) 1308 N. Stillman St

15 Filed FEB 13 1929 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10/1929

17 I HEREBY CERTIFY, That I attended deceased from January 30. 1927 to February 10. 1929.

that I last saw him alive on February 9 1929.

and that death occurred, on the date stated above, at 9 10 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Arteriosclerosis

Hypertrophy Prostate, Nebulous Urin.

(duration) Infirmities all yrs. mos Hypostatic Pneu 2 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O'Carman, M. D.

2-12-29 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: 2/13/1929

20 UNDERTAKER: Philip Herwig — ADDRESS 2066 Aliceanna St

TIONS is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

E 42916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-002

E 42916

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bellingham 1133-35 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Jones

(a) RESIDENCE NO. 1038 Patapsco ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennette Jones

7 DATE OF BIRTH (month, day, and year): 1898

8 AGE: Years 31; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer: Works

10 BIRTHPLACE (city or town) (State or country): W. Va

PARENTS

11 NAME OF FATHER: Louis Jones

12 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

13 MAIDEN NAME OF MOTHER: Sarah Edens

14 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

Informant: Jennette Jones

(Address): 1038 Patapsco St

15 Filed 3 13 1929 19 H. Hobson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/11/29

17

I HEREBY CERTIFY, That I attended deceased from 2/2, 19 29, to 2/11, 19 29, that I last saw h[illegible] alive on 2/11, 19 29 and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Ulcer of Duodenum

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? Influenza

Did an operation precede death? Yes Date of 2/9/29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) H. Hobson Hicks M. D.

, 19 (Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 2/15 1929

20 UNDERTAKER: John Merrick

ADDRESS: 2008 Aliceanna

Spec.—1-10-21—M&T—1500 Bks.

Czichos

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42917

E 42917

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. (Ward) 24-35

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bichos

(a) RESIDENCE NO. 1235 Hull St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Max Bichos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria-Hungary

14 Informant father

(Address)

15 Filed FEB 13 1929 H. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1929.

17

I HEREBY CERTIFY, That I attended deceased from February 11, 1929, to Feb. 12 1929, that I last saw him alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Accident at birth;
Fatal Asphyxia;
Atelectasis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Compression Hemorrhage and Shock Following

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James L. Marston M. D.

(Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R. C. Cem.

DATE OF BURIAL Feb. 13 1929

20 UNDERTAKER Margaret S. Flynn

ADDRESS 1419 Light St

TION is very important. See instructions on back of

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42918

CERTIFICATE OF DEATH

100-001

E 42918

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Liberty Heights ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Morgan,

(a) RESIDENCE NO. 3413 Liberty Heights Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M. Morgan,

6 DATE OF BIRTH (month, day, and year) December 29. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James B. Morgan,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Julimar Yealdhall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Julia Morgan

(Address) 3413 Liberty Heights Ave

15 Filed FEB 13 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11

17

I HEREBY CERTIFY, That I attended deceased (from Feb 6. 1929 to Feb. 11. 1929.

that I last saw him alive on Feb. 11. 1929

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) Cardiac Dilatation yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 1 ds. Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Stitt M. D.

2-12, 1929 (Address) 714 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park

DATE OF BURIAL FEB 14 1929 19

20 UNDERTAKER Geo W Stitt

ADDRESS

Spec. 2-1-29—M. & T.—2000 Bks.

E 42919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Standing Sanderson

100-001

E 42919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Abd. Colored ST. 11-24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene L Families.

(Residence in Baltimore: No. 1303 John St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 12 (Day), 1899 (Year)

7-AGE, 29 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thomas H. Families

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Julia M Healy

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E Families

(Address) 1303 John St.

15-

Filed FEB 13 1929, 191 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1929 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to Feb 12 1929, that I saw h alive on Feb 12 192?, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 2wks. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(Duration) 1 2 yrs. mos. ds.

(Signed) Alfred T. Carr M. D.

Feb 12, 1929. (Address) Carrington Bldg Cal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 12 yrs. 11 mos. ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 1303 John St City

19-PLACE OF BURIAL OR REMOVAL, Richmond Va

DATE OF BURIAL, Feb 15, 1929

20-UNDERTAKER Henry C Jenkins Jr Inc

ADDRESS Richmond Va

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42920

CERTIFICATE OF DEATH

E 42920

REGISTERED NO. 24001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Bradford ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Broadfoot

(a) RESIDENCE NO. 128 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S.

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 2. 1866

7 AGE: Years 63; Months; Days 8; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work at home

(b) General nature of industry, business, nr establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Wm. H. Broadfoot

11 BIRTHPLACE OF FATHER (city or town) (State or country) City of

12 MAIDEN NAME OF MOTHER Mary E. Fleishell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Sarah E. Abell

(Address) 128 N. Bradford St.

15 Filed C. HAMPSON JONES, Registrar

JAN 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1928, to Feb 11, 1929, that I last saw her alive on Feb 10, 1929 and that death occurred, nn the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Atypical Hypertension
Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy
Pneumonia (duration) yrs. 4 mos. ds.

18 Where was disease cnntracted if not at place nf death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. G. Gey M. D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 2/13 1929

20 UNDERTAKER J. G. Brown

ADDRESS 3000 E. Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 42921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 42921

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1016 Aisquith St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anton L. Petry

(a) RESIDENCE NO. 1016 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ~ mos. ~ ds. How long in U. S., If foreign birth 68 yrs. ~ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 DATE OF BIRTH (month, day, and year): March 1 1860

7 AGE — Years: 68 | Months: 11 | Days: 10 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Varnisher

(b) General nature of industry, business, or establishment in which employed (or employer): (Furniture) 051

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Jacob Petry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr. Aloysius Petry

(Address) 2043 E. Hoffman St.

15 Filed FEB 13 1929 WILLIAM H. JACKSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febuary 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927 to Feby 11 1929.

that I last saw him alive on Feby 11/29, 19

and that death occurred, on the date stated above, at 12 Midnight.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Levy, M. D.

2/12/29 (Address) 800 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb. 14 1929
20 UNDERTAKER: Henry Hoeck Sons Inc.	ADDRESS: No 1 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42922

CERTIFICATE OF DEATH

100-001

E 42922

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Evelyn King

(a) RESIDENCE NO. Ellicott City ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29, 1926

7 AGE: Years 3 | Months ## | Days 13 | If LESS than 1 day, ... hrs. or ... min. 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William J King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Hulett

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant: Wm J. King

(Address) Ellicott City Md

15 Filed FEB 13 1929 H. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12 - 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/9/, 1929 to 2/12/, 1929

that I last saw h[illegible] alive on 2/12/, 1929

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry Finding, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt View Cem

DATE OF BURIAL: Feb 15 19 29

20 UNDERTAKER: Eastes Sons

ADDRESS: Ellicott City

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42923

CERTIFICATE OF DEATH.

101-001

E 42923

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. Calvert & Pleasant St. 12-51 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Schamberger.

(a) RESIDENCE NO. 426 Fawcett St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Schamberger.

6 DATE OF BIRTH (month, day, and year) Dec 2/1886

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	42	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph T. Schamberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Zorr.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mary A. Schamberger Wife

(Address) 426 Fawcett St

15 Filed FEB 13 1929 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1929

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Influenza

3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Feb 12 1929 (Signed) W. H. Riley M. D. (Coroner)

(Address) 1639 Bradury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 1 yrs. 1/2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem Hampden — Date of Burial: Feb 14 1929

20 UNDERTAKER: J. Walter Davis — ADDRESS: 3307 Bank St

Fill out all items. Use ditto marks if necessary. Be sure to sign certificate. See instructions on back of certificate. Information is very important.

Spec.—1-12-23—M&T—500 Blks. See Letter on file dated 2-18-29.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42924

CERTIFICATE OF DEATH.

100-001 E 42924

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 3-4 ..... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Zablocka

(a) RESIDENCE NO. 1631 Gough ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter

6 DATE OF BIRTH (month, day, and year) [illegible] 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed 19152 , 19 29 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-18 , 1929 , to 2-11 , 1929.

that I last saw h[illegible] alive on 2-11 , 1929.

and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 29 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL Feb 7 1929

20 UNDERTAKER J. W. Zazenski

ADDRESS 1730 Eastern Ave

Spec.—2-20-28—L. F. S.—500 Bks.

E 42925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42925

1—PLACE OF DEATH

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2321 Madison Ave ST. (WARD)

2—FULL NAME Mary Kaffka

(a) RESIDENCE NO. 2321 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kaffka

6 DATE OF BIRTH (month, day, and year) March 11 1857

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Jacob Sapper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Belle Kaffka

(Address) 2321 Madison Ave

15 Filed 1329 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13/29

17

I HEREBY CERTIFY, That I attended deceased from February 6th, 1929, to February 13th, 1929, that I last saw her alive on February 12th, 1929 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis + Bronchial Asthma several yrs. mos. ds.

(duration)

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) ✓ W. Keown, M. D.

Feb 13/1929 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethany Friendship Cemetery	Feb 15 1929
20 UNDERTAKER J. Abrams & Co	ADDRESS 1324 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 42926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42926

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH Baltimore, Md. REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. 38 W. 25th St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Hinkley

(a) RESIDENCE NO. 38 W. 25th St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Feb.24,1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Hinkley

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Augusta Bailey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Dr. Chas. H. Taft
(Address) 74 Kirkland St., Camb., Mass.

15 Filed FEB 13 1929 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11. 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1926, to Feb 11, 1929, that I last saw her alive on Feb 11, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension and chronic bronchitis

(duration) years yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam. etc

(Signed) W. L. Ingraham, M. D.

, 19 (Address) 2400 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 13, 1929
20 UNDERTAKER John O. Mitchell & Sons	ADDRESS 1900 Eutaw Pl.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42927

CERTIFICATE OF DEATH.

90 E 42927

REGISTERED NO.

(If death occurred in a hosptal or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Moreland Ave. ST. 15-68 WARD)

2-FULL NAME Lina Montgomery

(a) RESIDENCE NO. 1528 Moreland Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Montgomery

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

PARENTS

10 NAME OF FATHER Elisha Clayvelle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant J. B. Hurley
(Address) 424 N. Linwood Ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar
Per .....

FEB 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2/29, 19 ..., to Feb 12/29, 19 ..., that I last saw him alive on Feb 11/29, 19 ..., and that death occurred, on the date stated above, at 4 A.M. m

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos 10 ds

CONTRIBUTORY (Secondary) Not Known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stuart B. Coleman, M. D.

Feb 15/29 (Address) 1203 Eye St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deltaville Va. Via Auto

DATE OF BURIAL Feb 14 1929

20 UNDERTAKER John F. Denny

ADDRESS 7. S. Light St

Spec.—1-12-23—M&T—500 Bks.

42928

HEALTH DEPARTMENT—CITY OF BALTIMORE

42928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4221 Bayonne St. 27-43 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Franz

(a) RESIDENCE No. 4221 Bayonne St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Franz

6 DATE OF BIRTH (month, day, and year) April 9 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Poultry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ferdinand Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Nagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ferdinand Franz (Address) 4220 Bayonne

15 Filed 1-3-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2 - 1929 to Feb. 11 - 1929, that I last saw him alive on Feb. 10 - 1929 and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH was as follows*

Myo-Cardites

(duration) 1 mo. 1 da. yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hartman M. D.

3/13/ 1929 (Address) 716 N. Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 2-15 1929

20 UNDERTAKER Edward Finch — ADDRESS 6405 Belair Rd

Spec.—2-29-28—L. F. S.—600 Bks.

E 42929 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 42929

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 24-33

CITY OF BALTIMORE: (No.) 1242 William ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha V Phrehns

(a) RESIDENCE NO. 1242 William ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) David M Phrehns

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 0 31

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Somerset Co Md

PARENTS

10 NAME OF FATHER Isaiah Austin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co Md

12 MAIDEN NAME OF MOTHER Annie Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co Md

14 Informant David M. Phrehns
(Address) 1242 William St

15 Filed [illegible] 19 [illegible] C. HAMPSON JONES, M. D. Registrar

131929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 12, 1929, that I last saw h[illegible] alive on Feb 12, 1929 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C B Wheeler M. D.

2/12, 1929 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Circle Somerset Co Md — DATE OF BURIAL 2/14 1929

20 UNDERTAKER J. F. Tobey & Sons — ADDRESS 1318 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42930

CERTIFICATE OF DEATH

E 42930

1—PLACE OF DEATH

REGISTERED NO. 109-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sydenham Hospital (STREET) 8-16 (WARD)

2—FULL NAME John Hewer

(a) RESIDENCE NO. 1837 N. Monford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 24, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	1	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Marie Hewer
(Address) 1837 N. Monford

15 Filed Feb 15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929 to Feb 13, 1929, that I last saw him alive on Feb 13 1929 and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcic sore throat (Tonsillitis & pharyngitis)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute cervical adenitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1837 N. Monford St.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Kirby M. D.

2-13. 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery. DATE OF BURIAL Feb 15 1929

20 UNDERTAKER Geo. F. Ruth ADDRESS 1735 Eastern Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 42931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp (ST.) 9-17 (WARD)

REGISTERED NO. 100-2901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lundy

(a) RESIDENCE NO. St Josephs Hosp ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Hamley

6 DATE OF BIRTH (month, day, and year): 11-9-1873

7 AGE: Years 55; Months 3; Days 3; If LESS than 1 day hrs. or mins.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Orderly

(b) General nature of industry, business, or establishment in which employed (or employer): St Joseph Hosp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Patrick Lundy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Lundy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Helen Lundy Niepsuss (Address) 615 Fremont Ave

15 Filed 1 31929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 12, 1929, that I last saw h[illegible] alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 10 25 [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. Clupton, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath Cemetery — DATE OF BURIAL: 2/15/29 19

20 UNDERTAKER: Geo J. Ruth — ADDRESS: 1735 Harford Ave

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 42932

HEALTH DEPARTMENT—CITY OF BALTIMORE

42932

CERTIFICATE OF DEATH.

91-50

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 4 ST. 30 WARD)

2-FULL NAME Harry Manners

(a) RESIDENCE No. 606 W. Redwood St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 64 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Bertha

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Russell

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

131329

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 8 1929

17 I HEREBY CERTIFY, That I attended deceased from 10-26 1928 to 2-8 1929

that I last saw him alive on 2-8 1929

and that death occurred, on the date stated above, at 3.50 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis with mental deterioration

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Stuck, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

TION is very important. See instructions on reverse side.

Spec.—2-29-25—L. F. S.—500 Bks.

E 42933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 42933

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

CITY OF BALTIMORE (No. [redacted] ST., 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lea Gross

(a) RESIDENCE NO. 2370 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Crockston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed 1 1929 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-29

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1929, to 2-9, 1929, that I last saw h[illegible] alive on 2-9, 1929, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows: Broncho - pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical & symptoms

(Signed) H. M. Finch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

FEB 13 1929

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42934

90 E 42934

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Church 25-77 Ward)

2-FULL NAME Anton Zuna

(a) RESIDENCE NO. 1624 Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Zuna

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 75 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 40

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Zuna

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Frank Zuna

(Address) 743 Maunder

Filed 1929 C. HAMPSON JONES, M. D. Registrar

Dat Feb 13

OF DEATH in plain terms, so that a copy or very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Feb 13, 1929, that I last saw h[illegible] alive on Feb 10, 1929, and that death occurred, on the date stated above, at 0 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Long Standing Chronic Myocarditis Hemiplegia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Edw. J. Rorca M. D.

(Address) 4 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial Feb 16 1929

20 UNDERTAKER: Frank X Lucas Son — ADDRESS 1900 E Monument

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42935

CERTIFICATE OF DEATH

E 42935

REGISTERED NO.

1—PLACE OF DEATH Balt City Insane Asylum

CITY OF BALTIMORE: (No. ST. 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Kelly

(a) RESIDENCE NO. Balto City Hosp ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Unknown

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 53 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John P. Kelly

(Address): Balto City Hosp

15 Filed 1-31-1929, 19. WILLIAM H. HAMILTON JONES, M. D. Registrar

Fee 25¢

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/10/29

17 I HEREBY CERTIFY, That I attended deceased from 1/11, 1929, to 2/10, 1929, that I last saw h— alive on 2/10, 1929, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Chr. Myocarditis

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. M. Finch, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 2/13 1929

20 UNDERTAKER: John J. Kenny — ADDRESS: 1318 Light St

Spec.—I-10-21—M&T—1500 Bks.

E 42936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42936

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Druid Hill Ave. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mason

(a) RESIDENCE NO. 1610 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Harriett Ann Mason

6 DATE OF BIRTH (month, day, and year) Nov 14, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth Mason

(Address) 1610 Druid Hill Ave

15 FEB 13 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1929, to 2-10, 1929, that I last saw him alive on 2-10, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Organic Heart Dis. Mitral, Insufficiency Contributory Bronchopneumonia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

4/2, 1929 (Address) 5x + Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cem

DATE OF BURIAL 2/17/1929

20 UNDERTAKER Mrs. H. Holland

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 42937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42937

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4110 Grace Court St. 25-17 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Minarik

(a) Residence No. 4110 Grace Court St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 11-1928

7-AGE. ..... yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore
(State or Country). 4110 Grace Court

PARENTS.

10-NAME OF FATHER. Joseph Minarik

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Rosa Zamostny

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bohemia

14-(Informant) Joseph Minarik

(Address) 4110 Grace Court

15-Filed FEB 13 1929 C. HAMPSON JONES, M. D. Registrar. By ECH

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13-1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1929 to Feb 13 1929 that I last saw h.. alive on Feb 13 1929 and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Suspicious of whooping Cough.

(Duration) ..... yrs. ..... mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Horka, M. D.

Feb 13, 1929 (Address) 4703 Fennington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Cross	Feb 17 1929

20-UNDERTAKER. ..... ADDRESS .....

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42938

CERTIFICATE OF DEATH

128

E 42938

1—PLACE OF DEATH

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4321 Hartford Av ST. (WARD)

2—FULL NAME Edward F. Heller

(a) RESIDENCE NO. 434 Hartford Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucia E Heller

6 DATE OF BIRTH (month, day, and year) March 21 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hatter

(b) General nature of industry, business, or establishment in which employed (or employer) 108

(c) Name of employer Levy & Sons

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank E. Heller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louise Heck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lucia E. Heller

(Address) 4321 Hartford Ave

15 Filed ..... 19 ..... HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1929 to Feb 12 1929

that I last saw h live on Feb 13 1929

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Septicemia

(duration) yrs. mos. 7 dys.

CONTRIBUTORY (Secondary) Acute Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Typical Microscopic.

What test confirmed diagnosis?

(Signed) H H Storm M. D.

(Address) 1238 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 16 1929

20 UNDERTAKER ADDRESS

Kirby Courtenay & Tregoe Inc 810 N. Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

E 42939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 42939

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 Patapsco St. St. 23-33 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Beyer.

(a) RESIDENCE NO. 1004 Patapsco St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Beyer.

6 DATE OF BIRTH (month, day, and year) July 23, 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) England.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Mrs. George Zenn.

(Address) 1000 Patapsco St.

15 Filed FEB 13 1929 19 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Robt. Knickerbocker M. D.

(Coroner)

2/12, 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	Feb 14 1929

20 UNDERTAKER Mrs. Jno. W. Patterson ADDRESS 801 W. Fayette

OF DEATH in plain terms, so that it may be properly classified. Every certificate. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Kaiss

E 42940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Harlem Ave. ST. 16-68 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Kaiss.

(a) RESIDENCE NO. 2800 Harlem Ave. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 68 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Kaiss.

6 DATE OF BIRTH (month, day, and year) June 4, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	68	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Kaiss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Theresa A. Thiel, (daughter)
(Address) 2800 Herlem Ave.

15 Filed , 19 C. HARRISON JONES, Registrar

B 137929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12th 19 29

17 I HEREBY CERTIFY, That I attended deceased from June 1st. , 19 27 , to February 12, , 19 29 ,
that I last saw him alive on February 11, , 19 29 ,
and that death occurred, on the date stated above, at 2.30 a. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of the throat.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical Exam.

(Signed) Otto M. Reinhardt, M. D.

2/12, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Feb 14 1929
20 UNDERTAKER	ADDRESS
Jno. Jno. J. W. Leifel & Son	80 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Poulton 656 Hoch Blvd

E 42941

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42941

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2620 Frederick Ave (ST.) 20-69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William T. Burkins

(a) RESIDENCE NO. 2620 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emely L. Burkins

6 DATE OF BIRTH (month, day, and year): Oct. 1. 1868

7 AGE — Years: 61 | Months: 0 | Days: 11 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Self 015

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Burkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Robert Trail

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emely L. Burkins

(Address): 2620 Frederick Ave

15 Filed: 1 31 1929 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12. 1929

17 I HEREBY CERTIFY, That I attended deceased from January 12th 1929 to January 12th 1929

that I last saw him alive on January 11th 1929

and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heart Failure - Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Poulton M. D.

1/12th 1929 (Address) 3909 Gamson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn — DATE OF BURIAL: 1/14 1929

20 UNDERTAKER: [illegible] — ADDRESS: 2175 Pulaski

Important: Use typewriter if possible

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hall - 1631 E Northern

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42942

CERTIFICATE OF DEATH

24-081 E 42942

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 E Northern ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nelson Woodward

(a) RESIDENCE NO. 1248 E Northern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Woodward

6 DATE OF BIRTH (month, day, and year) Dec 25, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Lemmon Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary E Morse

(Address) 924 E North Ave

15 Filed ..... 19 .....

131929 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21- 1929 to Feb 12- 1929

that I last saw him alive on Feb 11- 1929

and that death occurred, on the date stated above, at 7-15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Feb-13. 1929 (Address) 1631 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm Walters Memorial

DATE OF BURIAL 2-14 1929

20 UNDERTAKER Wm Cook

ADDRESS 1247 Park

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42943

CERTIFICATE OF DEATH

38

E 42943

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 1016 S Sharp ST., 23-31 WARD)

2—FULL NAME Bedford Stokes

(a) RESIDENCE NO. 1016 S Sharp ST., 23 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Name unknown

6 DATE OF BIRTH (month, day, and year) — — 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
91	90	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant John E. Stokes

(Address) 1016 S Sharp St.

15 Filed ....., 19 .... Registrar

Important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/29

17 I HEREBY CERTIFY, That I attended deceased from 1/8/29, 19..., to 2/10/29, 19..., that I last saw h... alive on 2/9/29, 19 29 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. dy

CONTRIBUTORY (Secondary) Chr. Arteriosclerosis (autopsy not stated) (duration) All 1? yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) J. Jones Butler, M. D.

2/11/29 (Address) 908 S. Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	2-14 1929
20 UNDERTAKER John H. Frazier	ADDRESS 1027 Hanover St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42944

E 42944

CERTIFICATE OF DEATH.

74-001

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balts. Conference a.m.E. Church Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Davis

(a) Residence No. 203-5-7 N. Asquith St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced: (Write the word) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Davis

6-DATE OF BIRTH (month, day and year): Autumn 1842

7-AGE: 87 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Inmate of Home

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Josiah Lee

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mazie —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

11-

(Informant): Mary Galloway

(Address): 800 Harlem Ave

15-

Filed: FEB 14 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2-11-1929

17- I HEREBY CERTIFY, That I attended deceased from July 1 1927 to Feb 11 1929, that I last saw her alive on Feb 10 1929, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic symptoms

(Signed) Charles H. Fowler, M. D

Feb 12 1929 Address: 712 S. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 2-14-1929

20-UNDERTAKER: Allen H. Goodman — ADDRESS: 1027 Druid Hill

instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42945

1—PLACE OF DEATH Provident Hospt

CITY OF BALTIMORE: (No.) 1415 Division St. 21-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr James A Crooke

(a) RESIDENCE NO. 501 N Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1898

7 AGE — Years: 31 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

PARENTS

10 NAME OF FATHER: Peter J. Crooke

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Indies Island

12 MAIDEN NAME OF MOTHER: Anne Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Anne Crooke

(Address): Brooklyn N.Y.

15 Filed FEB 14 1929 C. HILLYER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 —, 1929, to Feb 13, 1929, that I last saw h/m alive on Feb 13, 1929 and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Widal & Blood Count

(Signed) H. Goldberg M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooklyn N.Y.

DATE OF BURIAL: 2-14 1929

20 UNDERTAKER: John H. Tradman

ADDRESS 1027 Hanover St

Important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Bks.

E 42946

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 42946

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Howard + Madison ST., 8-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Fisher

(a) RESIDENCE NO. 1207 N Lanvale ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Godfrey L Fisher

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Francis Beck

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Hospital Records
(Address)

15 Filed FEB 14 1929 HAMILTON JONES, M. D.
Registrar

Important. See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1929, to Feb 13, 1929

that I last saw h in alive on Feb 13, 1929

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Empyema
Cervical Adenitis
Otitis Media.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 25, 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. L. Reifschneider, M. D.

Feb 13 1929 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 14 1929

20 UNDERTAKER August L. Pasch ADDRESS 2406 Ashland ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42947

CERTIFICATE OF DEATH.

18 E 42947

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4144 Roland Ave 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Wilhelm

(a) RESIDENCE No. 4144 Roland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
74	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Thomas Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Margaret Crouthes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Frank Wilhelm

(Address) 4144 Roland Ave

15 Filed 1-4-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 26 1929 to Jan 11 1929

that I last saw her alive on Jan 11 1929

and that death occurred, on the date stated above, at 4 50 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of Hip.

O.K. Coroner J.J. Morrissey.

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Joan Dreier M. D.

1/12 1929 (Address) 846 W 36 or 81 Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Jan 14 1929

20 UNDERTAKER H B Marshall ADDRESS 3539 Wilkens Ave

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 42948

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 211 S. High St ST., 3-5 WARD)

2—FULL NAME Virginia Giorgilli

(a) RESIDENCE NO. 211 S. High St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) November 10 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Biagio Giorgilli

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Carolina Mutone

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Biagio Giorgilli
(Address) 211 S. High St

15 Filed DEC 14 1929 19 H. Fon Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-29

17

I HEREBY CERTIFY, That I attended deceased from 2-10- 1929, to 2-12- 1929,

that I last saw h alive on 2-12- 1929

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos. 4 ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. A. Gentz, M. D.

2-13 1929 (Address) 1300 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 15 1929
20 UNDERTAKER	ADDRESS
Randall Johnson	300 N Eden

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42949

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

E 42949

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (ST.) 3-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Schiovetti

(a) RESIDENCE NO. 920 Lawn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M Schiavetti

6 DATE OF BIRTH (month, day, and year) June 24 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) unknown Italy

PARENTS

10 NAME OF FATHER Joseph Moffa

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown Italy

14 Informant Mt Hope Friends (Address) Mt Hope Retreat

15 Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb 13, 1929, that I last saw her alive on Feb 12, 1929, and that death occurred, on the date stated above, at 10.10 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombus.
(Hemiplegia)

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) General Tuberculosis

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton R Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 16 1929
20 UNDERTAKER	ADDRESS
Kendall & Lippert	3018 Eden St

Important. See instructions on reverse side.

FEB 14 1929 C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42950

CERTIFICATE OF DEATH.

44 E 42950

1-PLACE OF DEATH

CITY OF BALTIMORE: No. ..... ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Meredith

(a) RESIDENCE NO. 1222 Sharp ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or ..... min.
	70	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert Meredith

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anne Hickerson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant.
(Address)

15 Filed 2-14 1929 HARRY J. JONES, M. D. Registrar
By RWR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17

I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 2-11, 1929.

that I last saw him alive on 2-11, 1929,

and that death occurred, on the date stated above, at 5 15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus
c metastases to liver

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hernia rt. inguinal

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. H. Slack M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Grove Ct

DATE OF BURIAL 2-14 1929

20 UNDERTAKER A. E. Brown & Son

ADDRESS

CHECK CERTIFICATE OF DEATH. See instructions on back of certificates. IMPORTANT.

Cor.—10-10-29—A Co.—100 Bks.

E 42951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 42951

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-25 Ward)

2-FULL NAME Charles Guercio

(a) RESIDENCE NO. 600 W. Saratoga St., Ward

(Usual place of abode) 20 [illegible] (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Concetta Guercio

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Guercio

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Andrew Valuccia
(Address) 2749 Bernard St

15 Filed FEB 14 1929 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 - 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lacerated wound of Throat
Suicide.
Cut throat with razor.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 600 Sewell St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zilbert M. D.

2/13. 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	2/14/29 19
20 UNDERTAKER	ADDRESS
George J. Roth	1735 Hanford Ave

How should be carefully examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Name should be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 42952 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. E 42952

CITY OF BALTIMORE: (No. 5-8 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Morton

(a) RESIDENCE NO. 1130 Cannet ST., ... WARD ....
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C.	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Ethel Morton

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem Steel Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant BALTIMORE CITY HOSPITALS [redacted]
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-31 1929, to 2-11 1929, that I last saw him alive on 2-11 1929, and that death occurred, on the date stated above, at 10 25 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos 7 ds.
CONTRIBUTORY (Secondary) myocardial dam[illegible]
Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Physical Exam
(Signed) H. M. Slack, M. D.
19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Oct. 14 1929
20 UNDERTAKER Wm. R. A. Elliott	ADDRESS 1726 Ashland Ave

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

FEB 14 1929 CARTON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42953

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. 10-14 ST., WARD)

REGISTERED NO. E 42953

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Solomon Talley

(a) RESIDENCE NO. 931 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Louisa Talley

6 DATE OF BIRTH (month, day, and year) Autumn 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Moving Van

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Va

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Patient (Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 1 1929, 19 C. HAWSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-29

17 I HEREBY CERTIFY, That I attended deceased from 2-7-29, 19 29, to 2-12-29, 19 29, that I last saw h[illegible] alive on 2-12-29, 19 29, and that death occurred, on the date stated above, at 7.45 P. m.

The [illegible] of death was as follows:

Contributory Acute Myocarditis

Acute Dilitation of Heart

Cause of Death (duration) hrs. mos. 5 ds.

(CONTRIBUTORY) (Secondary) Broncho-Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) R. W. Stuck M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	Feb. 15 1929
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1720 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42954

CERTIFICATE OF DEATH.

101 E 42954

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2017 Brunt ST. 14-20 WARD)

2-FULL NAME Wm H. Earhamus

(a) RESIDENCE NO. 2017 Brunt ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Cold	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Mary Earhamus

6 DATE OF BIRTH (month, day, and year) Sept 5, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore pt
(b) General nature of industry, business, or establishment in which employed (or employer) Handling freight
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Randall Earhamus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Alice Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Mary Earhamus
(Address) 2017 Brunt St

15 Filed FEB 14 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 10th 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 6th, 1929, to Feby 10th, 1929, that I last saw him alive on Feby 9th, 1929, and that death occurred, on the date stated above, at 11 a - m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 1 yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) General Weakness/Senility

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms.

(Signed) H. H. Glascock, M. D.

19 (Address) 1502 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Auburn Cemetery

DATE OF BURIAL 2/14 1929

UNDERTAKER Thomas E. Nelson

ADDRESS 1303 Presstman St

CAUSE OF DEATH—Instructions on back of certificates. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

E 42955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90 E 42955

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 6th St. Brooklyn ST. 25-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth D. Conner

(a) RESIDENCE NO. 3522 6th St. Brooklyn ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gideon K. Conner

6 DATE OF BIRTH (month, day, and year) June 9, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	75	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Littleton Pusey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Richard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Amanda V. Downs (Address) Ferndale, A.A.Co., Md.

15 Filed FEB 14 1929 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 13, 1929, that I last saw him alive on Feb. 12, 1929 and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Coma & asthenia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. I. Slabaugh, M. D.

2-14-1929 (Address) 636 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL Feb 16, 1929

20 UNDERTAKER John F Denny ADDRESS 715 Lig St

CAUSE OF DEATH to be plainly written in ink. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

E 42956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 42956

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1019 Leadenhall St. St. 23-31 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Coleman.(C)

(a) RESIDENCE NO. 1019 Leadenhall St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow.

5a If ~~married~~, widowed, ~~or divorced~~

(of) HUSBAND of
(or) WIFE of Jesse Coleman.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days
	40	------	------

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Crisfield Md.

PARENTS

10 NAME OF FATHER Osbourn Selby.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliza Dennis.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Margaret Coston.(C) sister.

(Address) 1414 N. Camac St. Philadelphia

Filed FEB 14 1929 G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

2/13 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pa. Mt. Zion Cemetery

Date of Burial 2/14 1929

20 UNDERTAKER Walter B. Young

ADDRESS 1311 Hanover St.

tion should be carefully supplied. Any omission or error in statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

2 2E 42957 ~~2-9-29~~ 5 15 p.m. HEALTH DEPARTMENT—CITY OF BALTIMORE E 42957

CERTIFICATE OF DEATH. 38

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 14-27 WARD)

2-FULL NAME Mary Jenkins

(a) RESIDENCE NO. 15-330 Dr - ST. Franklin St -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: George Jenkins

6 DATE OF BIRTH (month, day, and year): July 13, 1888.

7 AGE — Years: 40. Months: 6 Days: 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): Out

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Bill Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sally Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 7 1929 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1929. to Feb 11 1929.

that I last saw her alive on Feb 11 1929.

and that death occurred, on the date stated above, at 5 15 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary thrombosis
Pulmonary congestion
Respiratory failure
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Charles M McLane, M. D.

2/12 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newport News, Va

DATE OF BURIAL: Feb 14 1929

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 337 W. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of SECTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

~~E 42958~~ 8558

HEALTH DEPARTMENT—CITY OF BALTIMORE

6.50 PM

CERTIFICATE OF DEATH

32 E 42958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

2-FULL NAME Myrtle Midgett

(a) RESIDENCE NO. 1635 E Fayette St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7m yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Midgett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lucy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 14 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1929 to Feb 11 1929, that I last saw her alive on Feb 11 1929, and that death occurred, on the date stated above, at 6 50 P m.

The CAUSE OF DEATH* was as follows:

the meningites

(duration) ? yrs ? mos ? ds.

CONTRIBUTORY (Secondary) generalized tbc.

(duration) ? yrs ? mos ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ~~fluid~~ tubercle bacilli in spinal fluid

(Signed) S. C. Goodpasture, M. D.

2/13, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 14, 1929

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Eden [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42959

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2906 Odonnel ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katarzyna Siekierska

(a) RESIDENCE NO. 2906 Odonnel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Siekierski

6 DATE OF BIRTH (month, day, and year): February 1874

7 AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Frank Zwick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Kosman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Martin Siekierski

(Address) 2906 Odonnel St

15 Filed FEB 14 1929 HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 29

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to Feb. 12, 1929, that I last saw her alive on Feb. 12, 1929 and that death occurred, on the date stated above, at 7:57 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

3-14-29 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	Feb 16 1929
20 UNDERTAKER	ADDRESS
F. W. Ozarowski	1930 Eastern Ave

Fill in all blanks. Be important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 42960

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Ave (St.) 90-64 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul J Lemme

(a) RESIDENCE No. 333 S Furman St, Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 18 1868

7 AGE: Years 60 Months 5 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Coast Guard
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Wm McLemme
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Rosanna A Kelly
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): nephew- Paul Schoenfelder 20 N Bethesda Ave

15 Filed FEB 14 1929, 19 Per H. HARRISON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 1929, to 2-13, 1929.
That I last saw h[illegible] alive on 2-13, 1929
and that death occurred, on the date stated above, at 7 40 P. M.
The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage
(duration) yrs. mos 6 ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at his home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) H. H. Erdmann, M. D.
, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Feb 16 1929

20 UNDERTAKER: F. B. Wagner ADDRESS: 1850 W Baltimore

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42961

E 42961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Aves (ST.) 20-69 (WARD)

REGISTERED NO. 101-6a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ann Kemp

(a) RESIDENCE NO. 2121 Christian St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Kemp

6 DATE OF BIRTH (month, day, and year): Aug 14 1890

7 AGE: Years 38 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER: Wm Post

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER: Caroline Dietz

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant: Walter Kemp
(Address) 2121 Christian St

15 Filed 19 Registered

FEB 14 1929 C. H. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-8 1929, to 2-11 1929, that I last saw h e alive on 2-11 1929 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. M. Ericson, M. D.

19 (Address) 1 Kasper Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL Feb 14 1929

UNDERTAKER: H. B. Wilfert ADDRESS 1850 W. Balto St

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Friday 2 o'clock

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42962

CERTIFICATE OF DEATH

E 42962

11-001

1—PLACE OF DEATH

REGISTERED NO. 29469

CITY OF BALTIMORE: (No. 78 Garrison Lane WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Eisentrager

(a) RESIDENCE NO. 78 Garrison Lane WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 6 ds. How long in U. S., if foreign birth? —yrs. —mos. —ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick H. Eisentrager

6 DATE OF BIRTH (month, day, and year): Dec 6th 1882

7 AGE: Years 46 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Shirt

(c) Name of employer: Co

9 BIRTHPLACE (city or town) (State or country): Elkton Md.

PARENTS

10 NAME OF FATHER: John Bosses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Rieschel

(Address) 78 Garrison Lane

Filed FEB 14 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12th 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th 1929, to Feb 11th 1929,

that I last saw h... alive on Feb 11 1929

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Influenza?

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Joseph Eisentrager, M. D.

Feb 13 1929 (Address) 82 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Pulaski Cemetery

DATE OF BURIAL: Feb 15th 1929

UNDERTAKER: H. B. Kephart

ADDRESS: 1850 N Bacon St

important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 42963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-0022

E 42963 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2550 Francis St. 13-59 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Atkinson Jr.

(a) RESIDENCE NO. 2550 Francis St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 13 - 1917

7 AGE — Years: 11 Months: 7 Days: 29

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm H. Atkinson

11 BIRTHPLACE OF FATHER (City or town): Balto (State or country): Md

12 MAIDEN NAME OF MOTHER: Katie Wyatt

13 BIRTHPLACE OF MOTHER (city or town): Balto (State or country): Md.

14 Informant: Mrs Wm H. Atkinson (Address): 2550 Francis St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July. 12/29 19

17 I HEREBY CERTIFY, That I attended deceased from July 12 1929, to July 12th 1929, that I last saw him alive on July 12th 1929, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe D Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions Apparently heart trouble

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of..

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/12, 1929 (Address) 1606 N. Monroe

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial: Feb 15 19

20 UNDERTAKER: Joseph Dyer ADDRESS: 1600 W Nadd

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

REGISTERED NO. E 42964

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Fleet ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin G. Willhide

(a) RESIDENCE NO. 3123 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia E. Willhide

6 DATE OF BIRTH (month, day, and year) April 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 573

(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) (State or country) Capon Springs, W. Va

PARENTS

10 NAME OF FATHER John Willhide

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Susanna Holt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Julia E. Willhide

(Address) 3123 Fleet St.

15 Filed FEB 14 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12-1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Feb 11, 1929

that I last saw him alive on Feb. 11, 1929

and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Oct 6 1928

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) T. Joseph Faulkner M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakdale Cemetery	Feb 15 1929
20 UNDERTAKER	ADDRESS
George W. Zubler	1737 E. Eager st

Be sure that every item is answered. Dates are important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42965

CERTIFICATE OF DEATH.

E 42965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Ingleside Ave. ST. 27-55 WARD)

2-FULL NAME Charles A. Gerben Sr.

(a) RESIDENCE No. 3407 Ingleside Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Alice Gerben

6 DATE OF BIRTH (month, day, and year) Dec. 22nd 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Gerben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Roland S. Gerben (Address) 3407 Ingleside Ave.

15 Filed ...., 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 13th. 19 29

17 I HEREBY CERTIFY, That I attended deceased from Feby. 2, 19 29 to Feby. 13 19 29, that I last saw him alive on Feby. 13 19 29 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Right-side. Both Lobes

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

2/13, 1929 (Address) 8 East Read Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery.

DATE OF BURIAL Feb 16 1929

20 UNDERTAKER [illegible]

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that no other than a medical man may understand it. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Bks.

E 42966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 42966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~4 E. Pratt~~ 320 N. Paca ST., 4-25 WARD)

2-FULL NAME A. R. Warner

(a) RESIDENCE No. 320 N. Paca ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theodore Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Christopher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. A. R. Warner

(Address) 320 N. Paca St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Feb 13, 1929, that I last saw h[illegible] alive on Feb 13, 1929 and that death occurred, on the date stated above, at 11 7 m

The CAUSE OF DEATH* was as follows:

Influenza

(duration) 0 yrs. 0 mos 5 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis Clinical Symptoms

(Signed) R R Kenyon, M. D.

2/13, 1929 (Address) 1417 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cem	Feb 15 1929
20 UNDERTAKER Lobert & Cook	ADDRESS 1003 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 14 1929 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 42967

CERTIFICATE OF DEATH

REGISTERED NO. L 42967

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1247 N. Bentalou ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Lee Muse

(a) RESIDENCE NO. 1247 N. Bentalou ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Pearl Muse

6 DATE OF BIRTH (month, day, and year) Sept. 11, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packing Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sharpe & Dohme

9 BIRTHPLACE (city or town) Saluda
(State or country) Virginia

PARENTS

10 NAME OF FATHER Alfred A. Muse

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Betta Jane Beazley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. Leona P. Muse
(Address) 1247 N Bentalou St.

15 Filed FEB 14 1929 Collinson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1929, to Feb 12, 1929, that I last saw h. im alive on Feb 12, 1929 and that death occurred, on the date stated above, at 1.35 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
uncomplicated

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? Examination

What test confirmed diagnosis?

(Signed) E. Keller Kerrigan, M. D.

Feb 13, 1929 (Address) 2000 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 16 1929
20 UNDERTAKER	ADDRESS
Stark Cook	1003 West Baltimore St

OF DEATH in plain terms, so that it may be understood. All items important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42968

CERTIFICATE OF DEATH.

2/ E 42968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Glenwood Ave ST. 27-48 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ellsworth Lubury.

(a) RESIDENCE NO. 700 Glenwood Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) March 5 1894.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34		11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Letter carrier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Ellsworth N. Lubury

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Harriett Fairman

13 BIRTHPLACE OF MOTHER (city or town) Rochester
(State or country) New York

14 Informant Henry Handley.
(Address) 700 Glenwood Ave.

15 Filed FEB 14 1929 RAYMOND J. JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13- 1929.

17 I HEREBY CERTIFY, That I attended deceased from February 12, 1929, to February 13-, 1929, that I last saw him alive on February 12, 1929, and that death occurred, on the date stated above, at 11.28 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) — yrs. — mos 11 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Riland, M. D.

-13, 1929 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 16 1929

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated correctly. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42969

CERTIFICATE OF DEATH

E 42969

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 W Fayette ST. 20-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth E. Atkinson

(a) RESIDENCE NO. 1814 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 15 1854

7 AGE: Years 75 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Thomas Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Walter E. Atkinson

(Address): 1814 W Fayette St.

15 Filed FEB 14 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 12, 1929

that I last saw h[illegible] alive on Feb 12, 1929

and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What lest confirmed diagnosis? Clinical

(Signed) H. Jones, M. D.

(Address) 1610 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	2/15 1929

20 UNDERTAKER: George J. Smith | ADDRESS: 532 Holbrook

OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42970

148 E 42970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 N. Lee St. 22-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Watson.(C)

(a) RESIDENCE NO. 518 N. Lee St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

3a If married, widowed, or divorced (or) WIFE of Garfield Watson.(C)

6 DATE OF BIRTH (month, day, and year) June 16, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Georgia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Garfield Watson.(C) husband.

(Address) 518 N. Lee St.

15 Filed ..... C. HAMILTON JONES, M. D. Registrar

Per

EB 14 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy.
in labor.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner)

2/14, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk, Va Date of Burial Feb 14 1929

20 UNDERTAKER Wendell & Lloyd ADDRESS 500 E. Eag. St.

U. S.—WHITE PAPER. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42971 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42971

CERTIFICATE OF DEATH. 162

REGISTERED NO. 15-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Pinsburn ST. 5 WARD)

2-FULL ~~name~~ Mrs. James B Buchanan Buchanan

(a) RESIDENCE NO. 2811 Pinsburn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Feb 12 / 29

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James B Buchanan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rockbridge Co. Va

12 MAIDEN NAME OF MOTHER: Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baden Md

14 Informant (Address): James B Buchanan 2811 Pinsburn St

15 Filed FEB 14 1929 C. HARRISON JONES, M. D. Registrar

19 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 12, 1929, that I last saw h— alive on Feb 12, 1929, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary): Malformation Dysplasia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Alma Buchanan M. D.

Feb. 1929 (Address) 1827 Fallsway City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 2/14 1929

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42972

CERTIFICATE OF DEATH

90 E 42972

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3423 Piedmont Ave St. 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonia Soudershoff

(a) RESIDENCE NO. 3423 Piedmont Ave St., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) New Port Conn.

PARENTS

10 NAME OF FATHER Col Charles Soudershoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minna Vocke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth C. Soudershoff

(Address) 3423 Piedmont Ave

Filed FEB 14 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per RRR

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17

I HEREBY CERTIFY That I attended deceased from June, 1928, to Feb. 14, 1929;

that I last saw h alive on Feb 13- 1929.

and that death occurred, on the date stated above, at 3 20 a m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis
aortic insufficiency
arteriosclerosis. Endocarditis
1 year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis congenital
life (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Victor Richards, M. D.

, 19 (Address) 922 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Feb 16 1929
20 UNDERTAKER	ADDRESS
J. W. Jenkins & Son Co	Eutaw & Fayette

Spec.—1-12-23—M&T—500 Blks.

E 42973 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Druid Hill Ave ST. 14-59 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Johnson

(a) RESIDENCE NO. 2132 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Johnson

6 DATE OF BIRTH (month, day, and year) Feb 15 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Isaac Forks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Jimbie Dorsey

(Address) 2132 Druid Hill Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 13, 1929.

that I last saw h— alive on Feb 13, 1929

and that death occurred, on the date stated above, at 5-55 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

Acute dysphagia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bur Rhuth, M. D.

Feb 14, 1929 (Address) 2132 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 15 1929

20 UNDERTAKER Robt Wilkins — ADDRESS 1515 W Lanvale

FEB 14 1929 C. HAMPSON JONES, M.D. Registrar

IMPORTANT—This certificate should be filled out with typewriter or pen and ink. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42974

CERTIFICATE OF DEATH

31

E 42974

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2809 Hemlock Ave. ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geraldine Paszkiewicz

(a) RESIDENCE NO. 2809 Hemlock Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		17	16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Thomas Paszkiewicz

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Mary Wolczka

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md. (State or country)

14 Informant Mary Paszkiewicz

(Address) 2809 Hemlock Ave.

15 Filed FEB 14 1929 C. HAMPSON JONES, M. D. Registrar

Rec'd

B 14 1929

OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH Feb. 14, 1929.

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from 1/8, 1929, to 2/13, 1929,

that I last saw h m alive on 2/13 1929

and that death occurred, on the date stated above, at 8:20 a. m.

The CAUSE OF DEATH* was as follows:

Influenza & Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N O Date of

Was there an autopsy? N O

What test confirmed diagnosis? Sign & symptoms

(Signed) Thos A Antosh, M. D.

, 19 (Address) 1623 E Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Belo.

DATE OF BURIAL 2/16 1929

20 UNDERTAKER John M Weber

ADDRESS 401 N Chester

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42975

CERTIFICATE OF DEATH.

90 E 42975

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 High St St. 5-8 Ward)

2-FULL NAME Michael Wirth

(a) RESIDENCE NO. 207 N. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Oct 1870

7 AGE: 58 Years 4 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Mich. Wirth

11 BIRTHPLACE OF FATHER (city or town): Germ.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Beyer

13 BIRTHPLACE OF MOTHER (city or town): Germ.

(State or country)

14 Informant: Mrs. Wirth

(Address) 1413 Nash. Boulevard

C. HAMPSON JONES, M. D.

Registrar

B 14 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Arter. sclerosis Cord

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. C. Riley M. D.

(Coroner)

Feb 14, 1929 (Address) 639 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial: Feb 15 1929

20 UNDERTAKER: Mrs. Mrs. J. W. Teufel's Son — ADDRESS: 501 W. Fayette

P. S.—WRITE PLAINLY, WITH UNFADING INK. Physicians should state CAUSE OF DEATH EXACTLY. This information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 42976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42976

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST., 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Grey

(a) RESIDENCE NO. 2800 N. Charles St

(Usual place of abode) Seton High School ST., WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ——— ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sisters of Seton High School
(Address) Baltimore Md

15 Filed B 14 1929 C. HAMPSON JONES, M. D. Registrar
By RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2—13—1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 19 29 to Feb. 13 19 29.

that I last saw h alive on Feb 13 19 29

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Interstitial Influenza

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at her home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) R. H. Friedman, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL 2-15-29.

20 UNDERTAKER Martin Fahey Sons — ADDRESS 712 North Ave

N. B.—WRITE PLAINLY, WITH INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42977 E 42977

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Ballantyne

(a) RESIDENCE No. 1502 N. Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced (or) WIFE of James R. Ballantyne

6 DATE OF BIRTH (month, day, and year) Feb 19 - 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lehigh Cement Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry H. Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence C. Dechoran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Florence C. Willis (Address) 1502 N Bond St

15 Filed FEB 14 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-29. 19

17

I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 12, 1929,

that I last saw h[illegible] alive on Feb 12, 1929

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Abscess of Left Broad Ligament

2 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation Pneumonia

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Feb 12, 1929

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Vernon H. Mordrel M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2-15-29.

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1827 W North Ave.

mation should be entered. Exact statement of OC[illegible] is applied. Abbreviations may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42978

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-092 E 42978

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. West ST 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John N Ritchie

(a) RESIDENCE NO. 13 W. West ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of Isabelle Ritchie

6 DATE OF BIRTH (month, day, and year) March 16 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Maker Ritches

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John B. Ritchie

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk.

12 MAIDEN NAME OF MOTHER Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk.

14 Informant Mrs Ida Marshall

(Address) 612 Reservoir

15 2 14 1929 19 H. ERNESTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Feb 14 1929 that I last saw h alive on Feb 13 1929 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Interstitial Nephritis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edematum (duration) yrs. mos. hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

2/14 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill cemetery	Feb 16 1929
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. North ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 42979

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No.) Caroline & Eutaw (St.) 3 (Ward)

REGISTERED NO. 3532

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland H. Horne

(a) RESIDENCE NO. 1109 Bradenhurst av (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Crumpton Coal Co

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Roland Horne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lois Horne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie M Gipaker (Address) 1139 Bradenhurst Ave

15 FEB 14 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-1-29, 19 , to 2-14-29, 19 , that I last saw him alive on 2-14-29, 19 , and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Bilateral Pyelonephritis & Hydronephrosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W B Hendrix, M. D.

At St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Feb. 17 1929

20 UNDERTAKER H. M. Cook ADDRESS 1217 St Paul

N. B.—WRITE PLAINLY, WITH INDIA INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42980

CERTIFICATE OF DEATH

90 E 42980

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. 15-21 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Meredith

(a) RESIDENCE NO. 1611 N Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Meredith

6 DATE OF BIRTH (month, day, and year): July 1 1869

7 AGE: Years 59 Months 7 Days 12 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Self 015

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: William R Meredith

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ga

14 Informant: Mary Meredith

(Address) 1611 N Fulton Ave

FEB 14 1929

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2-13-29

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1929, to 2-13, 1929, that I last saw him alive on 2-13-29, 19..., and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiovascular disease - decompensated

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ... yrs. ... mos. 2 da.

18 Where was disease contracted -

If not at place of death?

Did an operation precede death? No Data of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko, M. D.

2/13/29 (Address) Mercy Hosp 2758

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — Date of Burial 2/16 19 29

20 UNDERTAKER: W. A. Cook — ADDRESS 2172 Eutaw St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. [illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42981

CERTIFICATE OF DEATH.

49 E 42981

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fremont St. 15-60 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C. Hinkson

(a) RESIDENCE NO. 2121 E. Smallwood ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 10 mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Hinkson

6 DATE OF BIRTH (month, day, and year) Oct 31 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Cars

(c) Name of employer Western Md R.R.

9 BIRTHPLACE (city or town) (State or country) West Indies South America

PARENTS

10 NAME OF FATHER George Hinkson

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Eleanor Carrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

14 Informant Mrs Rose Hinkson

(Address) 2121 Smallwood St

15 Filed FEB 14 1929, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1929

17

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1928, to Feb. 13, 1929, that I last saw h[illegible] alive on Feb. 13, 1929 and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchogenic Carcinoma
Lung metastases

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary)
Carcinomatous peritonitis (duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Dec 20, 1928

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter B Johnson M. D.

Feb 14, 1929 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 2/16 1929

20 UNDERTAKER W. A. Cook

ADDRESS 217 E Pratt St

mation should be carefully supplied. AGE should be stated EXACTLY in every case. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

La Forsythe 1534 N. Mt Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42982

CERTIFICATE OF DEATH

90 E 42982

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 E. Lafayette ST. (If not in hospital or institution, give its NAME instead of street and number.)

REGISTERED NO. 12-19

2—FULL NAME Rebecca L. Sheridan

(a) RESIDENCE NO. 326 E Lafayette Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R Sheridan

6 DATE OF BIRTH (month, day, and year) Aug 15, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Elias R Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James L Sheridan (Address) 326 E Lafayette Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

Reg. No.

B 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Feb 12, 1929, that I last saw h[illegible] alive on Feb 11, 1929, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

1. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis, chr.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hamp. Forsythe, M. D.

2.18, 1929 (Address) 426 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 2/15 1929

20 UNDERTAKER Wm Cook — ADDRESS 127 St Paul St

IMPORTANT—Should be carefully examined before signing. Cause of death must be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 42983

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Forge Ave ST., 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James C. Doyle

(a) RESIDENCE NO. 1427 Forge Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Doyle

6 DATE OF BIRTH (month, day, and year) July 16, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Michael Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E. Doyle

(Address) 1427 Forge Ave

15 Filed ..... 19 .....

By ..... Registrar

C. HAMPSON JONES, M. D.

FEB 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12. 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 28, to Feb. 12, 1929, that I last saw h[illegible] alive on Feb. 11, 1929, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Edema

Tuberculosis of Lungs

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) C. H. Bolton, M. D.

2. 13. 1929 (Address) 101 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Family cem Catonsville Md	2/15 1929

20 UNDERTAKER Wm Cook

ADDRESS 1217 Pratt St

mation should be carefully applied. Name of cause of death must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

J E 42984 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscie Dashiell

(a) RESIDENCE No. 509 South St. Portsmouth, Va. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~: Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Jan 27 1865

7 AGE: Years 63 Months Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William J. Dashiell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Maria Daugherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 14 1929 C. HAMPSON JONES, M. D.
Dist. 7th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1929, to February 14, 1929, that I last saw h[illegible] alive on February 14, 1929, and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows:
Brain tumor, malignant

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 1st 1929

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M. D.
Feb 14 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portsmouth Va — DATE OF BURIAL: 2/15 1929

20 UNDERTAKER: C. O. Barlow — ADDRESS: Glendale

INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42985

CERTIFICATE OF DEATH

84 E 42985

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 441 S. Ellwood ave ST., WARD 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Raymond A. Kriechbaum

(a) RESIDENCE NO. 441 S. Ellwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1884

7 AGE Years 44 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER Joseph R.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Caroline V. Reside

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Mrs. Kriechbaum

(Address) 441 S. Ellwood ave

15 Filed FEB 14 1929

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Feb 13, 1929, that I last saw him alive on Feb 13, 1929, and that death occurred, on the date stated above, at 2:20 a. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Multiple abscesses

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) D. Stonehr, M. D.

2/14/29 (Address) 3013 Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL Feb 15 1929

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Baltimore

mation should be carefully supplied. Make answers complete. Write plainly in ink. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42986 BALTIMORE CITY HOSPITALS

CERTIFICATE OF DEATH

46 E 42986

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1 ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucinna Vessels

(a) RESIDENCE NO. 2032 Mc Culloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: 54 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Va

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Alonzo Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Daughter

(Address) BALTIMORE CITY HOSPITALS

15 Filed 19 16 Registrar

FEB 15 1929 W SINAI HOSPITAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-29

17 I HEREBY CERTIFY, That I attended deceased from 2-6 . 1929 . to 2-13 . 1929

that I last saw him alive on 2-13 . 1929

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH was as follows: Abdominal Carcinoma, Primary ovary

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examn

(Signed) J. W. Wash M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cypress Mt. Calvary

DATE OF BURIAL: 2-17 1929

20 UNDERTAKER: Jas H. Goodwin

ADDRESS 1027 Hanover

mation should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42987

CERTIFICATE OF DEATH.

12 9

E 42987

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Moore ST. 11-24 WARD)

2-FULL NAME Harriet E. Gross

(a) RESIDENCE No. 409 Moore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. Gross

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mrs Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Cora Franklin

(Address) 1522 Division St

15 Filed 2/14 1929 C. HAMPSON JONES, M. D. Registrar

FEB 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 10, 1929, to Feby 12, 1929, that I last saw h[illegible] alive on Feby 11, 1929, and that death occurred, on the date stated above, at 3.15 A m

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletiau, M. D.

2/14, 1929 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood

DATE OF BURIAL 2/15 1929

20 UNDERTAKER Saml T Kennedy

ADDRESS 578 N Bradle

Spec.—1-10-21—M&T—1500 Bks.

E 42988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

33 E 42988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 27-55 WARD)

2-FULL NAME Mary Virginia Berry

(a) RESIDENCE NO. 1604 Woodland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Orion C. Berry

6 DATE OF BIRTH (month, day, and year) Feb. 18-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Harry Tillett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Virginia

14 Informant Orion C. Berry Husband

(Address) 1604 Woodland Ave

15 Filed FEB 15 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/29

17 I HEREBY CERTIFY, That I attended deceased from 2/10/29, 19, to 2/12/29, 19, that I last saw he alive on 2/10/29, 19, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

tuberculosis of peritoneum with pneumonia as immediate cause

(duration) yrs 1 mos de.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs mos. de.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/11/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Zimmerman, M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Feb. 15 1929

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 42989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 42989

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 926 Harford ave ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred Booker

(a) RESIDENCE NO. 926 Harford ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Booker

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do Sparrows Point

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizaauston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Alice Booker

(Address) 926 Harford ave

15 Filed FEB 13 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1929, to Feb 13 1929.

that I last saw her alive on Feb 13 1929

and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

2-14, 1929 (Address) Dolfield Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Scottsville Va	2-16 1929
20 UNDERTAKER	ADDRESS
Byron J Wright	1218 E Eldersgate

mation should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 42990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

E 42990

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 1108 Penna Ave St. 7-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Martin

(a) RESIDENCE NO. 1108 Penna Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Ora Martin

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 34 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town): Pantego

(State or country): North Carolina

PARENTS

10 NAME OF FATHER: Walter Martin

11 BIRTHPLACE OF FATHER (City or town): ?

(State or country): N C

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country): N C

14 Informant: Ora Martin

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Feb 13, 1929.

that I last saw him alive on Feb 11, 1929.

and that death occurred, on the date stated above, at 11:00 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Data

(Signed) W. Atwell Jones M. D.

, 19 (Address) 1103 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Sun — Date of Burial 2-15-29

20 UNDERTAKER: Daniel Carson Lee — ADDRESS 916

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 15 1929

C. HARRISON JONES, M. D.

Registrar

Spec.—1-12-23—M&T—500 Blks.

E 42991 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-001

CERTIFICATE OF DEATH

1 E 42991

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 19-21 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores McCaine

(a) RESIDENCE No. 238 North Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1928

7 AGE — Years: — Months: 11 — Days: 28 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Banks McCaine

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lena Loral Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Banks McCaine

(Address) 238 N. Mount St

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

FEB 15 1929

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to Feb. 13, 1929, that I last saw her alive on Feb. 13, 1929 and that death occurred, on the date stated above, at 3:35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 1 1/2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Benj. Lankford M. D.

2/13, 1929 (Address) West Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 2-14 1929

UNDERTAKER: Dan'l Easton & Co — ADDRESS 916

N. B.—WRITE PLAINLY, WITH CAPABOVE INFORMATION. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42992

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 N. Lanvale ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie G. Branson

(a) RESIDENCE NO. 1612 N. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? Whole Life ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Howard A. Branson

6 DATE OF BIRTH (month, day, and year): July 9, 1886

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Howard A. Branson 1612 N. Lanvale

15 Filed FEB 15 1929, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 12, 1929, that I last saw h alive on Feb 11, 1929, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Labar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Manual signs

(Signed) M. G. Bryant, M. D.

19 (Address) 616 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb 15 19 29

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1224 Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 42993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 42993

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Lisk Av ST., 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Plitt

(a) RESIDENCE NO. 2505 Lisk ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Plitt

6 DATE OF BIRTH (month, day, and year) Jan 6 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Plitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carl F. Plitt

(Address) 3611 Belair Road

Filed FEB 15 1929 19 Harry H. JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Feb 13, 1929, that I last saw h alive on Feb 11, 1929 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas D Lemmon, M. D.

Feb 14, 1929 (Address) 911 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emanuel Cemetery	Feb 17 1929

20 UNDERTAKER Geo C. Miller & Son ADDRESS 2544 Jeffer

IMPORTANT. See instructions on back of certificates.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Cor.—12-9-25—A Co.—200 Bks.

E 42994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 E 42994

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 21-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas P. Connolly

(a) RESIDENCE NO. 3309 Beverly Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen (Quinlan) Connolly

6 DATE OF BIRTH (month, day, and year) Jan 30/1866

7 AGE	Years	Months	Days 13	IF LESS than 1 day ..... hrs. or ..... min.
	63	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pawtucket, R.I.

PARENTS

10 NAME OF FATHER Patrick Connolly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Francis Connolly (son)

(Address) 3309 Beverly Road

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery Date of Burial Feb. 16 1929

20 UNDERTAKER Henry W. Marston ADDRESS 805 N. Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 16 1929 HARRY J. JONES

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-001 E 42995

42995 DATE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2313 Maryland Avenue ST., 17-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Scully

(a) RESIDENCE NO. 2313 Maryland Avenue ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., If foreign birth? - yrs. - mos. - ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Scully

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1830

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	98	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newfoundland

PARENTS

10 NAME OF FATHER John Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newfoundland

12 MAIDEN NAME OF MOTHER Frances Bavis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ------

14 Informant Daniel R. Scully

(Address) 2806 Guilford Avenue

15 Filed FEB 15 1929, 19— [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to Feb 13, 1929, that I last saw h[illegible] alive on Feb. 13, 1929 and that death occurred, on the date stated above, at 10 8 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Acute pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) [illegible], M. D.

2/17, 1929 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/16 1929

20 UNDERTAKER Henry B. Means and Louis H. Calvert ADDRESS

N. B.—WHITE PAPER, BLACK INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hard 320 Saratoga Blvd

E 42996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31E 42996

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 445 N. Carey (Street) 6-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Stadt

(a) RESIDENCE: NO. 445 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Joseph L. Stadt

6 DATE OF BIRTH (month, day, and year) Jan 16-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer D&C

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Phillip Meesner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joseph L. Stadt

(Address) 445 N. Carey

15 Filed FEB 15 1929 H. ALLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 13, 1929, that I last saw h[illegible] alive on Feb 12, 1929 and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

P. N. Pneumonia

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Gastric Enteritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Strauch M. D.

2/14, 1929 (Address) 3704 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/18 1929

20 UNDERTAKER William Cook

ADDRESS 3114 Paul

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42997.

CERTIFICATE OF DEATH

90

E 42997.

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Jackson

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. unknown mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Formerly Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Tampa
(State or country) Florida

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) Canary
(State or country) Poland

12 MAIDEN NAME OF MOTHER Ellen Mother

13 BIRTHPLACE OF MOTHER (city or town) Canary
(State or country) Poland

14 Informant Mt Hope Nurses
(Address) Mt Hope Retreat

15 Filed FEB 15 1929 By LUCY AGNES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14. 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Feb 14, 1929, that I last saw h in alive on Feb 13, 1929 and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation
(Chr. Myocarditis)

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paranoid Dementia

(duration) 25 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Fell, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tampa-Fla.	Feb 15 1929

20 UNDERTAKER Stewart & Co. ADDRESS Balto.

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 42998 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42998

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ada Pattison

(a) RESIDENCE NO. Dixon Ave, Mt. Washington WARD 27

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? 51 yrs. 7 mos. 9 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E Pattison

6 DATE OF BIRTH (month, day, and year) Dec 4, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Charles Snider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, md

12 MAIDEN NAME OF MOTHER Kate Wheat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Samuel M Dell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1929 to Feb 13 1929, that I last saw her alive on Feb 13 1929, and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas J Snyder M. D.

19 (Address) Hospital for Women Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery DATE OF BURIAL Feb 19 1929

20 UNDERTAKER Steuart Funeral Company ADDRESS Balto

FEB 15 1929 C. HARRISON JONES, M. D. Registrar

Filed

Per

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARYLAND REGISTRATION

Spec.—2-29-28—L. F. S.—500 Bks.

E 42999

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 42999

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Margaret a. Carmine

(a) RESIDENCE NO. 3012 St. Paul ST., WARD Washington Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Carrigan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Whittaker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed FEB 15 1929 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-29.

17 I HEREBY CERTIFY, That I attended deceased from 2-7, 1929, to 2-14, 1929, that I last saw h alive on 2-13, 1929, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraughty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Feb 16 1929

20 UNDERTAKER [illegible] & POWELL COMPANY ADDRESS [illegible] NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

...Dec.—2-29-28—L. F. S.—500 Blks.

E 43000 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 43000

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO. 44

CITY OF BALTIMORE: (No. Temple Garden ~~Apts.~~ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Moses Kahn

(a) RESIDENCE NO. Temple Gardens Apts. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kahn

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Store

(b) General nature of industry, business, or establishment in which employed (or employer) Prop.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Gerhardt Kahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. B. Kahn

(Address) 2— Brookdale

Filed FEB 15 1929, 19 HAMILTON JONES, M. D. Registrar

N. B.—WRITE PLAINLY. Information should be carefully supplied. EVERY ITEM OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to Feb 13, 1929, that I last saw h[illegible] alive on Feb 13, 1929 and that death occurred, on the date stated above, at 11[illegible] A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung
(see reverse side)
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lung
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lee, M. D.

2-14, 1929 (Address) Temple Gardens Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	2/15/1929
20 UNDERTAKER David Londheim	ADDRESS 118 So W. Mt. Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. E 43001

CITY OF BALTIMORE: (No. 14-20 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Pavlenzo

(a) RESIDENCE NO. 1714 Etting ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47				

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS
10 NAME OF FATHER James
11 BIRTHPLACE OF FATHER (city or town) (State or country) md
12 MAIDEN NAME OF MOTHER Ethel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Son
(Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-29

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1929, to 2-11, 1929, that I last saw him alive on 2-11, 1929, and that death occurred, on the date stated above at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency with general anasarca

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological exam

(Signed) P. M. Hoch, M. D.
BALTIMORE CITY HOSPITALS
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/16 1929

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Division St

mation should be carefully reported. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—4-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43002

CERTIFICATE OF DEATH.

12-002 E 43002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5206 Denmore Ave. ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Johnson

(a) RESIDENCE NO. 5206 Denmore Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Johnson

6 DATE OF BIRTH (month, day, and year): May 24th. 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Genl. Cont.

(c) Name of employer: Wm. Johnson

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm. W. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middlesex Co. Va.

12 MAIDEN NAME OF MOTHER: Alice Swanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Middlesex Co. Va.

14 Informant: Alice Johnson (Mother)

(Address): 5206 Denmore Ave.

15 Filed FEB 15 1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1928, to Feb. 12, 1929,

that I last saw him alive on Feb. 12, 1929

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows: 07 Days

Hypertrophic Cirrhosis

Non Alcholic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?: At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinanylasis

(Signed) Walter J. Jackson, M. D

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 2/15 1929

20 UNDERTAKER: Thomas E. Patson — ADDRESS: 1332 Presstman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Pr.

E 43003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 43003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 E. Fayette ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abbie Burns

(a) RESIDENCE NO. 1130 E. Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1866

7 AGE: Years 62 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER James Burns

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Julia Dawson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Julia Tolute
(Address) 1203 McCulloh St.

15 Filed FEB 15 1929 Per

H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Feb 14, 1929.

that I last saw h[illegible] alive on Feb 14, 1929

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robt J. Green M. D.

2-14 1929 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery DATE OF BURIAL Feb 17 1929

20 UNDERTAKER Clovis N. Johnson ADDRESS 416 N. Carlton St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Bks.

E 43004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88

E 43004

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3810 Sequoia ave ST. 15-6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Krucoff

(a) RESIDENCE NO. 3810 Sequoia ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10-1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Barney Krucoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Lieberman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Barney Krucoff
(Address) 3810 Sequoia ave

15 Filed FEB 15 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/29

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 28, to Feb. 14, 19 29.

that I last saw her alive on Feb. 14, 19 29

and that death occurred, on the date stated above, at 9 20 P m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis (Coccus)

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course & Laboratory

(Signed) A. T. Ellis, M. D.

Feb 15, 1929 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mortmen Circle Gen	2/16 19 29
20 UNDERTAKER	ADDRESS
Jack Levis	1439 E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43005 BALTIMORE CITY HOSPITALS [redacted] 90 E 43005

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 23-34 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Noble

(a) RESIDENCE NO. 1501 S. Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith C. Noble

6 DATE OF BIRTH (month, day, and year): Feb 26 1863

7 AGE: Years 65 Months 6 Days 19 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ky

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Patient (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed ..... C. Harrison Jones, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-14 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 1929, to 2-14, 1929, that I last saw him alive on 2-14, 1929, and that death occurred, on the date stated above, at 8.25 A.M.

THE CAUSE OF DEATH* was as follows:

Chronic myocarditis

myocardial insufficiency

(duration) ... yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 18 1929

20 UNDERTAKER: H. Howard Evans — ADDRESS: 28 E. Fort Ave

FEB 15 1929

Ent

N. B.—WHITE PRINTING, WHITE CARDBOARD AND BLACK INK should be used. NAME should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43006

CERTIFICATE OF DEATH

31 E 43006

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4209 Diller Ave ST., (or WARD) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John. J. Diller

(a) RESIDENCE NO. 4209 Diller Ave ST., 27 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if foreign birth? 48 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 28 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter. 013

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Valentine Diller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Diller

(Address) 4209 Diller Ave.

15 Filed ... 19... [illegible] JONES, M. Registrar

FEB 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15-29

17 I HEREBY CERTIFY, That I attended deceased from January 6 1929, to February 15 1929

that I last saw h[illegible] alive on " " 1929

and that death occurred, on the date stated above, at 8:30 A. M.

The CAUSE OF DEATH* was as follows: Pulmonary Tubercul[illegible]

(duration) Grippe yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas D Coyne, M. D.

2/15, 1929 (Address) Coyne & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	February 18 1929
20 UNDERTAKER	ADDRESS
Henry Stock Sons, Inc.	1301 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43007 — 129 — E 43007

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE, (No. 618 E. 28th ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elias E. Marshalder

(a) RESIDENCE NO. 618 E. 28th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White — Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary J. Marshalder

6 DATE OF BIRTH (month, day and year): May 26-1858

7 AGE: Years 70 | Months 8 10 | Days 1 9 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bricklayer
(b) General nature of Industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Berlin Pa

PARENTS

10 NAME OF FATHER: Elias E. Marshalder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary J. Marshalder
(Address) 618 E. 28th Street

15 Filed ... 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929 to Feb. 14, 1929

that I last saw him alive on Feb 13, 1929

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension
arteriosclerosis
Cerebral Hemorrhage

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? Tyrone Pa.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis: Urine & Blood Pressure

(Signed) Thos F. G. Simms, M. D.

2/15, 1929 (Address) 2878 Huyford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Maryland — DATE OF BURIAL: Feby 16 1929

20 UNDERTAKER: Robt F. Turner — ADDRESS: 1442 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 43008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43008

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 8-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Brewster

(a) RESIDENCE NO. 1120 N. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary C. Brewster (nee Culleton)

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Mutual Chemical Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John P. Brewster

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine A. Cleary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs Mary C. Brewster

(Address) 1120 N. Bond St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

FEB 15 1929

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

2/14/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial 2/16 1929

UNDERTAKER Elmer W. Conklin ADDRESS 924 Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001 ✓ E 43009

1—PLACE OF DEATH

(REGISTERED NO.)

CITY OF BALTIMORE: (No. 1806 Warwick Av ST., 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Susan Stonaker

(a) RESIDENCE NO. 1806 Warwick Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin H. Stonaker

6 DATE OF BIRTH (month, day, and year) Oct. 22nd 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

PARENTS

10 NAME OF FATHER Joseph Burall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Garber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Raymond F. Stonaker

(Address) 1806 Warwick Av. Balto. Md.

15 Filed FEB 15 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13 1927 to Feb. 14th 1927, that I last saw her alive on Feb. 14 1927, and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Evidence

(Signed) Geo. C. Keller M. D.

2/14, 1929 (Address) 1127 N. Eutaw St. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 16 1929

20 UNDERTAKER H. M. Moulton — ADDRESS 2238 Madison

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Rose Terracina ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43010

E 43010

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Burgant ST. 21-29 (WARD)

2-FULL NAME Rosa Terracina

(a) RESIDENCE NO. 817 Burgant (Cuguendo) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married.-Pietro Terracina

6 DATE OF BIRTH (month, day, and year): Dec 13. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	61	2.	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 37

(b) General nature of industry, business, or establishment in which employed (or employer): Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Nicolò Glorioso

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Concetta Rinauro

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Jos Saia

(Address) 2647 Edmondson ave,

15 Filed FEB 15 1929, 19

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929. to Feb 14, 1929.

that I last saw her alive on Feb 14, 1929,

and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial dilatation with generalized anasarca

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Jos A Zierler, M. D.

Feb 15 1929 (Address) 701 Medical arts B'l'g

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 2/18 1929

20 UNDERTAKER: Geo J Ruth — ADDRESS: 1735 Harford ave

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 43011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43011

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N Pascal ST. 16-35 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Banks

(Residence in Baltimore: No. 805 N Pascal St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Benjamin Banks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Tapper

(Address) 805 N. Pascal

15-

Filed C. HAMILTON JONES, M. D. Registrar.

B 15 1929 Pat

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1929 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1929, to Feb 13 1929, that I saw her alive on Feb 13 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of Uterus

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Keith N. Lierler M. D.

Feb 14, 1929. (Address) 701 Medical Arts Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Star DATE OF BURIAL, Feb 16, 1929

20-UNDERTAKER Sam'l N. Chase Son ADDRESS 1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43012

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 765 Granby St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Joseph Corbett

(a) Residence No. 765 Granby St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 14 1875

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Conductor Railroad

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Loudoun Co. Va

PARENTS.

10-NAME OF FATHER. James W Corbett

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Mulcahey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant). Mrs Alma R. Hoffmaster

(Address) 765 Granby

15- Filed 192 Per 192 Registrar.

C. HAMPSON JONES, M. D.

FEB 15 1929

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929 to Feb 13, 1929

that I last saw h[illegible] alive on Feb 13, 1929

and that death occurred, on the date stated above, at 8 a m

The CAUSE OF DEATH* was as follows

Chronic Myocarditis

(Duration) 1 yr mos ds

CONTRIBUTORY (Secondary)

(Duration) yrs mos ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. E. Lakey, M. D.

, 19 (Address) 357 Richmond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Catholic Cem

DATE OF BURIAL 2/16/29

20-UNDERTAKER. George A Farley Sulton

ADDRESS Fayette

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43013 E 43013

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Thomas) ST. 1416 (WARD)

2-FULL NAME Thomas J. Hairsine

(a) RESIDENCE No. 1416 W. Lombard ST. WARD Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 yr	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Thomas Hairsine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tempe

12 MAIDEN NAME OF MOTHER Rita Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Thomas Hairsine
(Address) 1416 W. Lombard St

15 Filed . 19 Per C. HAMPSON JONES, M. D. Registrar

FEB 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-30 . 1929 . to Feb 14 1929 .

that I last saw h alive on Feb 14 . 1929

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Brain abscess on top of both Cerebral hemisphere at pregma

since birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Examin

(Signed) Nicholas P Gogelly M. D.

. 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 2/18/29

20 UNDERTAKER Kemper & Talley ADDRESS Talbot & Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43014

CERTIFICATE OF DEATH.

185 E 43014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Franklin Square Hosp. St. 15-21 Ward)

2-FULL NAME Margaret Walsh

(a) RESIDENCE NO. 1559 N. Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Walsh

6 DATE OF BIRTH (month, day, and year) Feb 9, 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Klinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Grob

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. John T. Walsh

(Address) 1559 N. Gilmor St.

B 15 1929 C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture & Dislocated Cervicle Verteore - Fell down steps at home accidentally (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas. H. Jones M. D. (Coroner)

2-14 29 (Address) Franklin Sq.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Feb 6 1929

20 UNDERTAKER John F. Denny — ADDRESS 75 Light St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43015

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 2835 Harlem St., 16-64 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerhardt C. Gude

(a) Residence No. 2835 Harlem St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. 26 ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 19 19

7-AGE, 19 yrs. 26 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, John H. Gude

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country),

12-MAIDEN NAME OF MOTHER, Minnie Hafner

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country),

14- (Informant) Mrs Guyton

(Address) 2835 Harlem

15- FEB 15 1929 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14, 1929

17- I HEREBY CERTIFY, That I attended deceased from November 19 28 to Feb 14 19 29

that I last saw h[illegible] alive on Feb 14 19 29

and that death occurred, on the date stated above, at 2:45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) L. L. Lally M. D.

, 19 (Address) 3512 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 18 1929

20-UNDERTAKER, Jos Jorsdens Son ADDRESS 217 S. Bond

Spelling to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43016

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hosp ST., 14-27 WARD)

2-FULL NAME Miss Ethely Gibson

(a) RESIDENCE No. 1725 Edmondson ST., ... WARD Frederick Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 28 1907

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
21	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Allegany Pa

PARENTS

10 NAME OF FATHER Rev J P Gibson

11 BIRTHPLACE OF FATHER (city or town) Balti (State or country) Md

12 MAIDEN NAME OF MOTHER Ina C Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Rev J P Gibson

(Address) Chelsea Md

Filed FEB 15 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1929, to Feb 15th, 1929, that I last saw h alive on Feb 15th, 1929, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* ~~was as follows~~:

Peritonitis

CONTRIBUTORY (Secondary) (duration) Acute Appendicitis yrs. mos 3 ds.

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes, Date of Feb 6th 29

Was there an autopsy? No

What test confirmed diagnosis? Consultant & Clinical

(Signed) Phillip Montgomery, M. D.

, 19 (Address) 1201 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D. C. DATE OF BURIAL Feb 18 1929

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS Md & Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

B 15 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Goffney ✓

E 43017 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43017

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 933 W Lombard ST. 18-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johanna Goffney

(a) RESIDENCE NO. 933 W Lombard ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow.

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm J Goffney

6 DATE OF BIRTH (month, day, and year) June 12th 1879.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Cambell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Anna Goffney

(Address) 933 W Lombard St

15 Date received FEB 15 1929 C. HAMPSON JONES, M. D. Registrar

B 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7. 1929. to Feb. 13. 1929.

that I last saw h alive on Feb. 13. 1929.

and that death occurred, on the date stated above, at 12 N P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no. —

What test confirmed diagnosis? Physical Exam Etc.

(Signed) J Chas Hampson M. D.

2/14 1929 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Feby 16 1929

20 UNDERTAKER John J Cowan & Son

ADDRESS 901 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 43018 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 43018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E. Montgomery ST 22-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Delmar R Finch

(a) RESIDENCE NO. 21 E. Montgomery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Delmar R. Finch.

6 DATE OF BIRTH (month, day, and year) APRIL 16. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	32	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md.

PARENTS

10 NAME OF FATHER Wm. W. Finch

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna J. Holland

13 BIRTHPLACE OF MOTHER (city or town) Washington. (State or country) D.C.

14 Informant Mrs. Delmar R. Finch

(Address) 21 E. Montgomery

15 FEB 15 1929 19 20 HARRISON JONES M. D.

C. W. SIMONS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929 to Feb 13, 1929.

that I last saw him alive on Feb 13, 1929

and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 9 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry T. Buettner M. D.

19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Feb 16 19 29

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should write it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should write TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 43019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43019

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1513 E. Madison ST., 9-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Johns Hopkins Hospital.

2-FULL NAME Baby Brew

(a) RESIDENCE NO. 1513 E. Madison ST., 9-12 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1929

7 AGE Years ... Months ... Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Brew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant ... (Address) ...

15 C. HAMPSON JONES, M. D. Registrar

B 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-2 1929 to 2-5 1929.

that I last saw her alive on 2-5 1929

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ... M. D.

19 (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL 19

20 UNDERTAKER ... ADDRESS ...

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 43020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp. (St.) 16-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Elz. Williams

(a) RESIDENCE NO. 3036 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 11 1929

7 AGE — Years: 3 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Julian Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address):

15 Filed FEB 15 1929 3:25 P.M. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929, to Feb. 15, 1929, that I last saw h[illegible] alive on Feb. 14, 1929, and that death occurred, on the date stated above, at 11 50 p m.

The CAUSE OF DEATH* was as follows: Spinal Bifida

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Angelos, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Josephs Hosp

DATE OF BURIAL: FEB 15 19[illegible]

20 UNDERTAKER: Commissioner Health.

ADDRESS

For Wm F. WOOSALL

B 15 1929

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43021

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1179 N. Mont St. 15-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Montgomery

(a) RESIDENCE NO. 1179 N. Mont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ' yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/12/29

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) 1179 N. Mont St

PARENTS

10 NAME OF FATHER Owen Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER J. M. Sims

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Owen Montgomery

(Address) 1179 N. Mont St

15 Filed FEB 15 1929 C. HAMPSON JONES, M. D. Registrar

Par 2210 Bk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/29

17 I HEREBY CERTIFY, That I attended deceased from 2/13/29, 19 29, to 2/13/29, 19 29

that I last saw her alive on 2/13/29, 19 ,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Brain

6 Months Probable

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pleurisy Pulmonary

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Clark, M. D.

(Address) 924 Mont —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Department of Public Health FEB 15 1929

B 2

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Harlem ST. 16-66 (WARD) 161-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Joseph Jenkins

(a) RESIDENCE NO. 2638 Harlem ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/14-29

7 AGE

Years	Months	Days	If LESS than 1 day 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marie Linnotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant .....
(Address) .....

Filed FEB 15 1929, 19

C. HAMPSON JONES, M. D.
Registrar

3249

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14-1929

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1929, to 2/14, 1929 that I last saw h alive on 2/14-, 1929 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia - 6 hrs ante

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas A Carlin M. D.

(Address) 2105-01 Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS .....

JOHNS HOPKINS HOSPITAL
General Index Room
FEB 15 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43023 ✓ E 43023

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 419 E. Biddle ST. 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William E. Anderson

(a) RESIDENCE NO. 419 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fannon

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work State Roads

(b) General nature of industry, business, or establishment in which employed (or employer) Inspector

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm. Anderson

(Address) 419 E. Biddle St.

15 Filed FEB 15 1929, 19 HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to Feb 13, 1929, that I last saw him alive on Feb 12, 1929 and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ✓ ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Wm. R. Geraghty, M. D.

Feb 15 1929 (Address) 2225 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Feb. 16, 1929.

20 UNDERTAKER Rita Weidenfeld

ADDRESS 914 Gorsuch Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43024

CERTIFICATE OF DEATH.

91-500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Murphy

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Micheal Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Donahue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley

15 Filed FEB 15 1929, 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from Birth, 19 , to , 19 ,

that I last saw him alive on Feb 12 , 1929,

and that death occurred, on the date stated above, at 9 45a m.

The CAUSE OF DEATH* was as follows:

Senile dementia

(duration) yrs. mo. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. A. Warren M. D.

Feb 15th, 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 18 1929

20 UNDERTAKER Pida Friedfeld — ADDRESS 914 Greenmount Ave

FEB 15 1929

Spec.—1-10-21—M&T—1500 Bks.

E 43025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Cathedral & Fayette St. 23 WARD)

REGISTERED NO. 100-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Maguire

(a) RESIDENCE NO. 28 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Schuela Maguire

6 DATE OF BIRTH (month, day, and year) Nov. 30. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Hampshire

PARENTS

10 NAME OF FATHER James Maguire

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Charles L. Schuela (Address) 28 E. Hamburg St.

Filed FEB 15 1929 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1929 to Feb 14 1929

that I last saw h[illegible] alive on Feb 14 1929

and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W W Warnecke M. D.

19 (Address) 710 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Feb. 16 1929

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43026

CERTIFICATE OF DEATH

E 43026

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1422 Homestead ST., 9-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Hitzelberger,

(a) RESIDENCE NO. 1422 Homestead ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph K. Hitzelberger

6 DATE OF BIRTH (month, day, and year) July 6, 1845.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Kepler

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Camper

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Francis M. Hitzelberger (Address) 1422 Homestead St.

15 FEB 15 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12 1929, to Feb 14 1929, that I last saw her alive on Feb 13 1929, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Geo. Montgomery III M. D.

2/14 1929 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery.	Feb. 16, 1929,
20 UNDERTAKER	ADDRESS
Wm. A. Black	927 N. Broadway

B 15 1929

DKH

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43027

1-001

E 43027

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 E 23rd ST., (WARD) 9th

REGISTERED NO. 946

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Frances Shipley

(a) RESIDENCE NO. 531 E 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward C Shipley

6 DATE OF BIRTH (month, day, and year): March 23 1856

7 AGE: 42 Years 43 | Months 11 10 | Days 20 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Denis Kiely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Flarty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs George Shipley

(Address) 531 E 23rd St

15 Dec 15 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13. 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/3/29, 19..., to 2/13/29, 19...

that I last saw her alive on 2/13/29, 19...

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria Toxemia

(duration) ... yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) H. W. Saddler M. D.

2/15/29 (Address) 321-E-25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feb 16 1929

20 UNDERTAKER: Mary M Woodside

ADDRESS: 501 E 22nd St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

3957. Grenmount ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

21

E 43028

CERTIFICATE OF DEATH

E 43028
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3637 Grenmount Ave ST., (WARD) 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret E Bixler

(a) RESIDENCE NO. 3637 Grenmount ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob M. Bixler

6 DATE OF BIRTH (month, day, and year) May 19, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Selby

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Cecelia Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Geo. Morgan

(Address) 1419 E 28th St

15 Filed ....., 19 C. HAMILTON JONES, M. D. Registrar

15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1929, to Feb 15, 1929, that I last saw h.. alive on Feb 15, 1929 and that death occurred, on the date stated above, at 1:15A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Phlebitis left leg, Embolism left leg, Bilateral Pneumonia (duration) yrs. mos. 1 ds. Septicemia 12

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 14, 1929

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Guy V. Root, M. D.

, 19 (Address) 3957 Grenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Grove	2/18 19 29
20 UNDERTAKER	ADDRESS
Wm Cook	1217 Ford St

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hemming 2000 Hollins St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43029 — CERTIFICATE OF DEATH — 129 E 43029

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 612 (Street) Grantley St. (WARD) 16-67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Harden

(a) RESIDENCE NO. 612 (Street) Grantley St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Harden

6 DATE OF BIRTH (month, day, and year) Feb 3. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Greenbury Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Boles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha H Harden

(Address) 612 Grantley St

15 Filed 1 5 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12. 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Feb 12, 1929, that I last saw h[illegible] alive on Feb 12, 1929, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) E Hall Hemming M. D.

2/13. 1929 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/16 1929

20 UNDERTAKER W H Cook — ADDRESS 1215 Edmondson Ave

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43030

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 28-63

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Kane

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) May 2. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Carrollton Penna.

PARENTS

10 NAME OF FATHER Charles Kane

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Penna

12 MAIDEN NAME OF MOTHER Elizabeth Yost

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Penna

14 Informant. Mt Hope Records

(Address) Mt Hope - City -

15 Filed ..... 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Feb 15 1929 that I last saw h[illegible]alive on Feb 15 1929 and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Hemiplegia)
(3rd attack)
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Dementia
(duration) 14 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P Hall, M. D.

19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carrollton - Penna — DATE OF BURIAL Feb 16 1929

20 UNDERTAKER Steward Mortuary — ADDRESS Balto

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 43031

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Jackson

(a) RESIDENCE NO. 1718 W. Lanvale st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE 32	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Hanibal Brockington

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Nellie Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address)

15 Filed 1 01929 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 19 28, to Feb. 14, 19 29, that I last saw her alive on Feb. 14 19 29 and that death occurred, on the date stated above, at 10.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Vincent's angina

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) [illegible] M. D.

2-14, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Florence N. C.	2-16 1929
20 UNDERTAKER Dennis Taylor	ADDRESS 916 Ea ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43032 — CERTIFICATE OF DEATH — 100-001 — E 43032

1—PLACE OF DEATH Provident Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Division ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Robinson

(a) RESIDENCE NO. 2018 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): March 21, 1927

7 AGE: Years 1 — Months 10 — Days 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Harry Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Dorothy Trusty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Dorothy Trusty (Address) 2018 Division St

15 Filed FEB 16 1929 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 13, 1929, that I last saw her alive on Feb 13, 1929 and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. E. Cauley, M. D.

2/14, 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 2/16 1929

20 UNDERTAKER: Samuel Kemsley — ADDRESS 508 Dolphin

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43033

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43033

CERTIFICATE OF DEATH

REGISTERED NO. 25-75

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Pierpont ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Raymond Scott

(a) RESIDENCE NO. 2602 Pierpont ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) May 31 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Mc Kenley Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ada Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mc Kenley Scott

(Address) 2419 Huron

15 Filed FEB 16 1929, 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 13th, 1929, to Feb 14th, 1929, that I last saw him alive on Feb 14th, 1929 and that death occurred, on the date stated above, at 2.05 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jas A Dyer, M. D.

, 19 (Address) 1063 Mt Holly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 2/16 19

20 UNDERTAKER Samuel Wensley — ADDRESS 1128 E

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43034

CERTIFICATE OF DEATH

159-003 E 43034

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 335 S Bouldin ST. 16-F WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Lemkuhler

(a) RESIDENCE NO. 335 S. Bouldin ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13-1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William J. Lemkuhler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Lemkuhler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant William J. Lemkuhler
(Address) 335 S. Bouldin St

15 Filed ....., 19 HARRISON JONES, M. D. Registrar

3 16 1929 RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Feb 15, 1929, that I last saw him alive on Feb 15th, 1929, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Spina bifida

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno F Lowe, M. D.

Feb 16, 1929 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Feb 16 29

20 UNDERTAKER Thos E. Miller & Son — ADDRESS 2344 Jefferson St

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43035

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-401

E 43035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. 2146 ST. 70-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Laura Gorman

(a) RESIDENCE No. 2146 Wilkens Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Gorman

6 DATE OF BIRTH (month, day, and year): May 20th 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Parker L. Gordon.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie M Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr Daniel Gorman

(Address) 2146 Wilkens ave.

15 Filed ..... 19 ..... HARRISON JONES M.D. Registrar

8 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Febry 12, 1929, to Febry 15, 1929.

that I last saw h[illegible] alive on Febry 14, 1929

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,
Bi Lateral, & Primary
Rt Side.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis, Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Norbert C Kirsch, M. D.

2/15/1929 (Address) 2157 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Febry 18-1929

20 UNDERTAKER: John J. Coumandouros

ADDRESS: 901 Hollins St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43036 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 76-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Schafer

(a) RESIDENCE NO. Bay and Chew Colfax ST. Bal WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 16/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Vienna Nealis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

14 Informant Records

(Address)

15 Filed FEB 16 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1929, to Feb. 14, 1929, that I last saw him alive on Feb. 14, 1929, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

Symptoms (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Abnormal Temp. (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Wassermann not yet rpt.

(Signed) James A Miller, M. D.

2/14, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Feb 16 1929

20 UNDERTAKER John Allison

ADDRESS 1007 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 16 1929

Spec.—1-10-21—M&T—1500 Bks.

E 24 3037 346

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-9 43037

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Whitechurch

(a) RESIDENCE NO. 422 N. Broadway ST., WARD G

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year)

7 AGE: 73 (Years / Months / Days) If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eng

12 MAIDEN NAME OF MOTHER: Eliz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eng.

14 Informant: Records

(Address)

15 Filed FEB 1 6 1929 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 14, 1929,

that I last saw h[illegible] alive on Feb 14, 1929,

and that death occurred, on the date stated above, at 10[illegible] P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia &
cardiac failure

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) ? Myocardial failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray & Electrocardiograph

(Signed) Sidney A. Gladstone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pittston Pa — DATE OF BURIAL: Feb 16 1929

20 UNDERTAKER: William G. Scheffer — ADDRESS: 1816 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43038

CERTIFICATE OF DEATH

40 E 43038

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benj Mathews

(a) RESIDENCE NO. 1311 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of husband of Donnie Mathews

6 DATE OF BIRTH (month, day, and year) Feb 23 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Festus Missouri

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Donnie Mathews

(Address) 1311 E. Monument St.

15 Filed 2-16 1929 C. HAMPSON JONES, M. D. Registrar

Perf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14/29

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 19 29 to Feb 14 19 29

that I last saw h alive on Feb 14, 19 29

and that death occurred, on the date stated above, at 12.10 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B Hamm M. D.

2-17; 19 29 (Address) Pres Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL Feb. 17th 1929

20 UNDERTAKER Mrs J. G Locke ADDRESS 1302 Jeffers

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43039

CERTIFICATE OF DEATH.

129 E 43039

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 E Monument (St.) 5-8 (Ward)

2-FULL NAME Jennie Ellis

(a) RESIDENCE No. 1309 E Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Otho Ellis

6 DATE OF BIRTH (month, day, and year): Nov. 22 1896

7 AGE: Years 32 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Josiah Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bell Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md

14 Informant: Mrs Lillie Fisher

(Address) 1309 E Monument St

15 Filed 2/16 1929 C. PLIMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 1928 to Feb 1929.

that I last saw h alive on Feb 12 1929.

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hypertensive Cardiovascular

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. T. Young, M. D.

2/15 1929 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: Feb 16 1929

20 UNDERTAKER: Mrs J. G. Locke

ADDRESS: 1302 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 43040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43040

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Kenwood Ave (St.) (Ward) 24-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. T. Walker

(a) RESIDENCE NO. 709 N. Kenwood Ave WARD Wash. D. C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Emma K. Walker

6 DATE OF BIRTH (month, day, and year) Oct 1/54

7 AGE: Years 74 Months 4 Days 13 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail

(b) General nature of industry, business, or establishment in which employed (or employer): Carrier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Chas. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Emma K. Walker

(Address) 709 N. Kenwood

15 . 19 . Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb [redacted], 1929 to Feb 14, 1929.

that I last saw him alive on [redacted] 1929

and that death occurred, on the date stated above, at 7.23 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia (4 days)

Cardio-vascular-Renal

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy exam

(Signed) Louis F. Grammer, M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel

DATE OF BURIAL 2/16 1929

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 16 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43041

CERTIFICATE OF DEATH.

21-hr 29 E 43041

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul F. Nippard

(a) RESIDENCE NO. 4524 Harford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy L. Nippard

6 DATE OF BIRTH (month, day, and year): Jany 15/1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): 057

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: John Nippard

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriet Straughen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Daisy L. Nippard

(Address): 921 N. Eden St

15 Filed C. HAMPSON JONES, M. D. Registrar

1 6 1929 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable Cardiac & Nephrit-ic Disease (duration) yrs. mos. ds.

(Signed) J. S. Kolb M. D.

(Coroner)

2/16/29 (Address) 50 Bennett Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Feb 18 1929

20 UNDERTAKER: Baltimore Funeral ADDRESS 47 Pine

Don't fail to have this certificate filled out COMPLETELY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Charles Medford

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43042

CERTIFICATE OF DEATH

90 E 43042

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 328 Whitridge Ave (ST.) 12-50 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Medford

(a) RESIDENCE NO. 328 Whitridge Ave ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Medford

6 DATE OF BIRTH (month, day, and year) Feb. 9. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Medford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen O'Rake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Katie Medford

(Address) 328 Whitridge Ave

15 Filed ..., 19 C. HAMPSON JONES, M. D.

Registrar

B 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13. 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 29 1928, to Feb 13 1929.

that I last saw h[illegible] alive on Feb 12 1929

and that death occurred, on the date stated above, at 920 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) George Jerry Mills M. D.

2/17/1929 (Address) 4026 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Annes, Annapolis DATE OF BURIAL 2/17 1929

20 UNDERTAKER Jos Cook ADDRESS 1217 Park St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 43043

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-26 ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Fuel

(a) RESIDENCE NO. 1011 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Fuel.

6 DATE OF BIRTH (month, day, and year): Unknown 1880.

7 AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mich

PARENTS

10 NAME OF FATHER: Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mich

12 MAIDEN NAME OF MOTHER: Ericka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mich

11 Informant: Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed 2 16 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-11-29

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 2-11, 1929 that I last saw him alive on 2-11, 1929 and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Myocardial Insufficiency (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam, Lab.

(Signed) H. H. Fisch M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Feb. 16, 1929

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Eastlund Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43044

CERTIFICATE OF DEATH

52 E 43044

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 720 N Hamburg ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie N. Linton.

(a) RESIDENCE NO. 2308 Annapolis Ave ST. Westport WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. E Linton

6 DATE OF BIRTH (month, day, and year): July 4 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Emily Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Geo E Linton

(Address) 2308 Annapolis Ave Westport

15 Filed FEB 16 1929 G. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14/29

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to Feb 14, 1929, that I last saw her alive on Feb 13, 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Chronic Poly Arthritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Hammond Wheeley M. D.

2/14. 1929 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: 2-18 1929

20 UNDERTAKER: Bernard C Nader

ADDRESS: 1000 S Paca St

Important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43045

CERTIFICATE OF DEATH

90

E 43045

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 436 N. Payson St. 30-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah C. Thompson.

(a) RESIDENCE NO. 436 N. Payson St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11-1852

7 AGE — Years: 76 — Months: 7 — Days: 4 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None. 888

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Wm H Thompson

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Shelton

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Edw T Soon

(Address) 436 N. Payson St.

15 Filed C. HAMPSON JONES, M. D. Registrar

Per CKH

16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 Feby - 15

17 I HEREBY CERTIFY, That I attended deceased from Aug - 6, 1929, to Feby - 15, 1929, that I last saw h[illegible] alive on Feby - 14, 1929, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows: Myocardial insufficiency duration, senile, 1 yrs. mos. ds.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Hanley Cole, M. D.

. 19 (Address) 2707 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery. Date of Burial Feb. 18-1929.

20 UNDERTAKER: Charles J. Schwab. ADDRESS 505 N. Monroe St.

that should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43046

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 43046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 E. 33rd St., 9-47 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amelia Obrecht

(a) Residence No. 1518 E. 33rd St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, W.

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob F. Obrecht Sr.

6-DATE OF BIRTH (month, day and year) January 5, 1860

7-AGE. 69 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER Martin Goeckel.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Vogelsang

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Alma F. Klamer

(Address) 4704 York Road

15-

Filed 1 6 1929 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 15, 1929

17- I HEREBY CERTIFY, That I attended deceased from January 10, 19 29 to Feb. 15 19 29

that I last saw her alive on Feb. 15 19 29

and that death occurred, on the date stated above, at 6-309 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy - Bronchi - Pneumonia (Duration) yrs. mos. 35 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. O. Klamer, M. D.

(Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	Feb 16, 19 29
20-UNDERTAKER.	ADDRESS
John F. Dennis	715 Light St

instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43047

CERTIFICATE OF DEATH.

84 E 43047

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1226 Hanover St. St. 25-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard E. Atkins.

(a) RESIDENCE NO. 3565 Horton Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. __ mos. __ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Frances Atkins.

6 DATE OF BIRTH (month, day, and year) January 13, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER John E. Atkins.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Catherine Sunday.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Hazel Atkins. (daughter)

(Address) 3565 Horton Ave.

15 Filed 2-19 1929 C. Harrison Jones M. D. Registrar

Per Acts

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

Obstruction of the Coronary Arteries.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) [signature] M. D.

(Coroner)

2/16 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Wares Landing Essex Co Va	Feb 17, 29
20 UNDERTAKER	ADDRESS
John F Denny	716 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Shearer 905 N Charles St ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

100-001

E 43048

CERTIFICATE OF DEATH

E 43048

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1217 N Charles ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Kaplan

(a) RESIDENCE NO. 1217 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L Kaplan

6 DATE OF BIRTH (month, day, and year) June 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietor D&C

(b) General nature of industry, business, or establishment in which employed (or employer) Beauty Parlor

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John L Kaplan

(Address) 1217 N Charles St

15 Filed ..... 19 ..... Registrar

FEB 17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15. 1929

17 I HEREBY CERTIFY, That I attended deceased from FEB 7th, 19 29, to FEB 14th, 19 29,

that I last saw her alive on FEB 14th, 19 29

and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

BRONCHO-PNEUMONIA

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas L Shearer, M. D.

2/16, 1929 (Address) 905 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	2/18 19 29
20 UNDERTAKER J. W. Cook	ADDRESS 1219 E Fond St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43049

CERTIFICATE OF DEATH

11-001

E 43049

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1501 N Luzerne Ave ST., 8-16 WARD)

2—FULL NAME Harold J Shock Jr

(a) RESIDENCE NO. 1501 N Luzerne Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 30. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas. Aluminum Co

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John H. Shock

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant John H Shock
(Address) 1501 N Luzerne Ave

15 Filed FEB 17 1929 HARRISON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 19 29, to Feb 16, 19 29, that I last saw h alive on Feb 16, 19 29 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. C. Kracke, M. D.

Feb 16, 19 29 (Address) 1301 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	2/19 19 29
20 UNDERTAKER H. M. Cook	ADDRESS 1217 E Fort St

Important.—For instructions see back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Lafferty 1235 Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43050

CERTIFICATE OF DEATH

90

E 43050

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 N. Belnord Ave ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna M Lafferty

(a) RESIDENCE NO. 35 N. Belnord Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A Lafferty

6 DATE OF BIRTH (month, day, and year) Feb 17 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Antone Schlong

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Robert A Lafferty

(Address) 35 N. Belnord Ave

15 FEB 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15. 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1929, to Feb. 15, 1929, that I last saw her alive on Feb. 15, 1929 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lafferty M. D.

, 19 (Address) 1232 E. Patterson Park Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	2/18 19 29
20 UNDERTAKER D M Cook	ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43051

CERTIFICATE OF DEATH

49

E 43051

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 West 40th ST., 12-49 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sidney H. Tinley

(a) RESIDENCE NO. 535 West 40th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., If foreign birth? 59 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Vollrath

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary & Treasurer

(b) General nature of Industry, business, or establishment in which employed (or employer) 609

(c) Name of employer Tinley Bros. Co.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Frederick Tinley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Anna V. Tinley

(Address) 535 W. 40th Street

15 Filed FEB 17 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1925, to Feb 14th, 1929, that I last saw h alive on Feb 14th 1929 and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain
(Glioma)

(duration) — yrs. 5 mos. ? ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov 1928

Was there an autopsy? No Tumor removed

What test confirmed diagnosis? Clinical Symptoms

(Signed) Lefferson Buck M. D.

2/16, 1929 (Address) 1105 Linden Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	2/18 19 29

20 UNDERTAKER Henry H. Mears & Son ADDRESS 805 N. Calvert

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43052

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-B 43052

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Nonmunet St. 3-5 WARD)

2-FULL NAME Aaron Friedman

(a) RESIDENCE No. 18 S. High Street ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (Write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Friedman

6 DATE OF BIRTH (month, day, and year) Sept 28-1898

7 AGE 30 Years 31 Months 9 Days 18

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer) Tin

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bromstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital
(Address)

15 Date received FEB 17 1929 C. HARRISON JONES Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to February 16, 1929, that I last saw him alive on Feb. 16, 1929, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of Urinary Bladder (duration) 1½ yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/15/29

Was there an autopsy?

What test confirmed diagnosis? Physical signs

(Signed) H. S. Rubinstein, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodedale — DATE OF BURIAL 2/17 1929

20 UNDERTAKER Jack Levin — ADDRESS 1429 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41-002

E 43053

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 509 N. Patt. Pk. Ave., ST.) 9-10 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benj. Eisenstein

(a) RESIDENCE NO. 509 N. Patt. Pk. Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Eisenstein

6 DATE OF BIRTH (month, day, and year): Dec [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Old Age

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Ayman Eisenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Nathan Rafkin

(Address) 509 N. Patt. Pk. Ave.

15 FEB 17 1929 19 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-15-29

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 1925 to Feb 15 1929 that I last saw h[illegible] alive on Feb 14 1929 and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) M. H. Cumins, M. D.

2/15, 1929 (Address) 710-2210 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Rest — DATE OF BURIAL: 2/17 1929

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Baltimore St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43054

CERTIFICATE OF DEATH

129 E 43054

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3442 Auchentoroly Ter. ST.) (WARD) 42-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isidor Samler

(a) RESIDENCE NO. 3442 Auchentoroly Ter. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Samler

6 DATE OF BIRTH (month, day, and year) Aug 1 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron dealer

(b) General nature of Industry, business, or establishment in which employed (or employer) 645 merchant.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Le Jmm Russia

PARENTS

10 NAME OF FATHER Benjamin Samler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Le Jmm Russia

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Le Jmm Russia

14 Informant Elizabeth Samler

(Address) 3442 Auchentoroly Ter

15 Filed 3 17 1929 HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 15 - 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/11 1925 to 2/15 1929.

that I last saw h alive on 2/15 1929

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis & Arteriosclerosis (duration) Chronic

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Frankel M. D.

2/16, 1929 (Address) 1717 E Lee St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem	2/17 1929
20 UNDERTAKER Joseph Lewis	ADDRESS 1439 Eutaw St

Important: See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks. Abraham Reiner

E 43055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 43055

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2505 Shirley ave St. 15-58 Ward)

2-FULL NAME Abraham Reisner

(a) RESIDENCE NO 2505 Shirley ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Reisner

6 DATE OF BIRTH (month, day, and year): 3-15-1863

7 AGE: Years 65 Months 11 Days 1 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Reisner

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Dunkman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Baltimore st

Filed FEB 17 1929 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 3 mos.

CONTRIBUTORY (Secondary)

(duration)

FEB 16 1929 H. Leo Lantz M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

Date of Burial 2/17 1929

20 UNDERTAKER: Jack Lewis

ADDRESS 1439 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Lottie Dyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43056

CERTIFICATE OF DEATH

101-001

E 43056

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 16-23 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lottie Dyer

(a) RESIDENCE No. 1006 Mosher ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER James Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lottie Bulter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph Taylor

(Address) 1006 Mosher St

15 FILED FEB 17 1929

C. HARRISON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1929 to Feb. 14, 1929

that I last saw h e alive on Feb. 14, 1929

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 11 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Sanborn M. D.

(Address) West Balto. Gen. Hosp 2/14 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville

DATE OF BURIAL FEB 18 1929

20 UNDERTAKER Thomas E. Wright

ADDRESS 1364 Pa Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Gottie Schikin

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43057 — REGISTERED NO. E 43057

1—PLACE OF DEATH: Hebrew Incurable Home

CITY OF BALTIMORE: (No. 2100 E Balto ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME: Gottie Hirst ~~Blumenschikin~~ Schikin

(a) RESIDENCE NO. 2100 E. Balto ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis
(Address): 1439 E Balto

15 Filed FEB 17 1929 19... [illegible] JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Feb. 16, 1929.

that I last saw h[illegible] alive on 2/15, 1929.

and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cemetery	2-17- 1929
20 UNDERTAKER	ADDRESS
Jack Lewis,	1439 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43058

CERTIFICATE OF DEATH

E 43058

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Harford Ave ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Salvatore Pasta

(a) RESIDENCE NO. 908 Harford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Pasta

6 DATE OF BIRTH (month, day, and year) Feb 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Pietro Pasta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Buttona

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Pietro Pasta

(Address) 908 Harford Ave

15 FEB 17 1929 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 10, 1929, to Feby 15, 1929, that I last saw him alive on Feby 10, 1929, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

7/16, 1929 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 18 1929
20 UNDERTAKER	ADDRESS
Frank V. Bifatone	2818 E Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43059

CERTIFICATE OF DEATH

101-001

E 43059

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 27- WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George H. Lauter

(a) RESIDENCE NO. 6102 Belair Rd. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. Life How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White.	married.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Agnes C. Lauter.

6 DATE OF BIRTH (month, day, and year) Dec 28th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44.	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER J. Georg Lauter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Bertha Piperbrinker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Ruth Lauter (sister)

(Address) 1832 E. 29th St.

15 Filed ....., 19 HAMILTON JONES [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929, to Feb. 14, 1929, that I last saw h[illegible] alive on Feb. 14, 1929, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Right Middle & Lower Lobes.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus.

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Verified Diagnosis.

(Signed) E. T. Lankford M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 1929
20 UNDERTAKER George L. Schilling & Sons	ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43060 E 43060

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Carroll Av St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura E Hawkins

(a) RESIDENCE NO. 209 Carroll — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sarah Hawkins (Address) 209 Cornelia

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Feb 13, 1929, that I last saw her alive on Feb 12, 1929 and that death occurred, on the date stated above, at 7:40 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus & Rectum

(duration) 0 yrs. 6 mos 13 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R B Kenyon, M. D.

2/14, 1929 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 2/17/29

20 UNDERTAKER Samuel A Kemsley ADDRESS 1 N Bolle

HARRISON JONES, M. D.

FEB 19 1929

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 43061

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Beasley

(a) RESIDENCE NO. 1626 Bradley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE 54

Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James Gordon

11 BIRTHPLACE OF FATHER (city or town) Alford (State or country)

12 MAIDEN NAME OF MOTHER Calvert

13 BIRTHPLACE OF MOTHER (city or town) Calvert (State or country)

14 Informant Walter Beasley

(Address) 708 Druid Hill Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/45

17 I HEREBY CERTIFY, That I attended deceased from 12/14 19 45 to 2/14 19 45

that I last saw h— alive on 2/14 19 45

and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Uterus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) F. J. Wirth M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 2/18 19 45

20 UNDERTAKER Samuel Wensley — ADDRESS 52 Biddle

Cor.—12-9-25—A Co.—200 Bks.

E 43062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 43062

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Cherry Hill Westport. St. 25-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona I. Hohlbein.

(a) RESIDENCE NO. Cherry Hill Westport. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 7, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Hohlbein.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gertrude Sheckell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Edward Hohlbein, (father)

(Address) Cherry Hill Westport.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Eclampsia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner)

2/16, 19 29 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial Feb 18 1929

20 UNDERTAKER E. Schloman & Son ADDRESS 1039 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43063

CERTIFICATE OF DEATH

101-001

E 43063

REGISTERED NO.

1-PLACE OF DEATH Balto Md

City of BALTIMORE: (No.) 3606 Edgewood Rd (St.) 15th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Hedry Reickert

(a) RESIDENCE NO. 3606 Edgewood Rd St. 15th Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1887

7 AGE — Years: 41 Months: 6 Days: 20 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: American Coal Pad Co.

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Geo. Reickert

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Cockarad Zentkoffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Reickert

(Address) 3606 Edgewood

Filed FEB 17 1929 H. [illegible] JONES M. D. Registrar

Date

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-11-1929 to 2-15-1929

that I last saw him alive on 2-15-1929

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Bilateral

(duration) yrs. mos. 3½ ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. Findings

(Signed) H O Harper M. D.

. 19 (Address) 323 Med arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Feb 16 1929

20 UNDERTAKER: E. Schloman & Son — ADDRESS 1038 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

22457 E 43064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 43064

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Roth

(a) RESIDENCE NO. 1717 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Roth

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 60 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Samuel Roth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Friends.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 8 17 1929 19 [illegible] C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 1929 to Feb 15 1929.

that I last saw him alive on Feb 15 1929.

and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans
Emphysema
Myocardial Insuff.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) S. A. Gladstone, M. D.

2 15 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Feb 17 1929

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS: 1127 E Balto st

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43065

CERTIFICATE OF DEATH.

101-001

E 43065

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 Dover St 2-1-29 ST., WARD)

2-FULL NAME Ed. Harris

(a) RESIDENCE NO. 751 Dover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Victor Brick (Address) 115 Wilkens alley

15 Filed FEB 17 1929 H. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1929

17

I HEREBY CERTIFY, That I attended deceased from 1/8, 1929, to 2/12, 1929, that I last saw h[illegible] alive on 2/12, 1929, and that death occurred, on the date stated above, at 12 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Dan [illegible] M. D.

2/17, 1929 (Address) 12 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 2/15, 1929

20 UNDERTAKER E. Edmonson & Bro

ADDRESS 1107 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43066

CERTIFICATE OF DEATH.

11-601

E 43066

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 255 S Eden ST. 3-4 WARD)

2-FULL NAME Jacob Silverman

(a) RESIDENCE NO. 255 S. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Silverman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fagell —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. Sugar

(Address) 255 S. Eden St

Filed FEB 17 1929 HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1929, to Feb 16, 1929.

that I last saw h[illegible] alive on Feb 15th, 1929.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Influenza Bronchio-Pneumonia

Chr. Bronchial Asthma

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. G. Middleton, M. D.

17, 1929 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd

DATE OF BURIAL Feb 17, 1929

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1[illegible]7 E Baltimore St

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 43067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43067

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. 1000 Caton Ave St. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Newcomb F. Thompson

(a) RESIDENCE NO. 3930 Cloverhill Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Julia L. Thompson

6 DATE OF BIRTH (month, day, and year) Dec 25 1843

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	85	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Shelbyville

(State or country) Tenn

PARENTS

10 NAME OF FATHER Samuel Thompson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Tenn

12 MAIDEN NAME OF MOTHER Ann Cary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Alabama

14 Informant

(Address) Jenkins Memorial Hospital 1000 Caton Ave Balto

15 Filed 19 Registrar

FEB 17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Feb 16, 1929, that I last saw h.im alive on Feb 16, 1929, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Hypertension, Cerebral Hemorrhage Nephritis, Chronic Interstitial, Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Lieutenant Lauder, M. D.

. 19 (Address) Bureau Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Feb 19 1929

20 UNDERTAKER Eastern Dept ADDRESS 1723 N. Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43068

CERTIFICATE OF DEATH

E 43068

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 314 S Patterson Park Ave WARD 3)

2—FULL NAME Mary Mrozkiel

(a) RESIDENCE NO. 314 S Patterson Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Whilliam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Mroz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mississippi

14 Informant Mother

(Address) 314 S Patterson Park

15 Filed FEB 17 1929 CLARK JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb. 16, 1929,

that I last saw her alive on Feb. 16, 1929,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis - 12 days.
Whooping Cough - 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey M. D.

. 19 (Address) 432 S. Patterson Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Feb 17 1929
20 UNDERTAKER	ADDRESS
J. W. E. Hopkins	31 Linn

Spec.—1-10-21—M&T—1500 Blks.

E 43069 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E 43069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp ST., 47th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bradley

(a) RESIDENCE NO. 5600 Cordelia Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): newborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb. 16 1929.

7 AGE: Years | Months | Days | If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Herbert Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence Brisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Hosp. Records.

15 Filed 19 Registrar

B 17 1929 C. HARRISON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to Feb 16, 1929.

that I last saw her alive on Feb 16, 1929

and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Prolonged Labor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr A Rattenni, M. D.

2/16, 1929 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge Cem.

DATE OF BURIAL: 2/18 1929

20 UNDERTAKER: Laurel Landsheim

ADDRESS: 1818 W. Mt. Royal Ave

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43070

CERTIFICATE OF DEATH

90

E 43070

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 128 S. Broadway ST., 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Mc Carthy

(a) RESIDENCE NO. 128 S. Broadway ST., 3rd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mc Carthy

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.. min.
	73 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick-layer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Miller Bros

9 BIRTHPLACE (city or town) (State or country) new Jersey

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lee Beers

(Address) 128 S. Edmondson

15 Filed FEB 17 1929 H. Tracy Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Feb. 15, 1929, that I last saw h in alive on Feb. 13, 1929 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene C. Pearson, M. D.

2.16., 1929 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H. G. Lusby	2/18/1929

20 UNDERTAKER L. G. Moran ADDRESS 3000 E. Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 43071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43071

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2236 Lecil ave ST., 9-46 WARD)

2—FULL NAME Patrick Hahus

(a) RESIDENCE NO. 2236 Lecil ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Hannah Hahus

6 DATE OF BIRTH (month, day, and year) Jan 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Hahus

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Budget Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Geo A Evans
(Address) 2236 Lecil ave

15 Filed B 17 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/29

17 I HEREBY CERTIFY, That I attended deceased (from Feb 6, 1929, to Feb. 14, 1929, that I last saw alive on Feb. 14, 1929, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Uremia
Chronic Nephritis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date of

Was there an autopsy? ~~Dr Symptoms~~ No

What test confirmed diagnnsis? Dr Symptoms

(Signed) Thomas J Kirk, M. D.

19 (Address) 592 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2/18/29

20 UNDERTAKER L A Moran

ADDRESS 300 E Baltimore

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43072

CERTIFICATE OF DEATH

40 E 43072

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1764 E. North Ave. ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ANNA M. SCHEUFLER

(a) RESIDENCE NO. 1764 E. North Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Scheufler

6 DATE OF BIRTH (month, day, and year) December 23,1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Mr. Charles Scheufler (Husband)
(Address) 1764 E. North Ave.

15 Filed ..... 19 ..... H. Bryan JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15,1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 15, 1929

that I last saw h[illegible] alive on Feb 15, 1929

and that death occurred, on the date stated above, at 12.40 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Broken Compensation (duration) yrs. 3 mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What was confirmed diagnosis? Hy D

Signed H. Bryan Jones, M. D.

19 (Address) 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb. 18, 1929
20 UNDERTAKER Henry Sander & Sons. Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—1-10-21—M&T—1500 Blks.

E 43073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43073

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5905 Kavon Ave., Raspeburg ST., 26th WARD

2-FULL NAME Catherine Winifred Tolley

(a) RESIDENCE NO. 5905 Kavon Ave., Raspeburg ST., 26th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison F. Tolley

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1872

7 AGE	Years	Months	Days 23	If LESS than 1 day, hrs. or min.
	56	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Rigney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Huttenburger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Harrison Tolley
(Address) 5905 Kavon Ave., Raspeburg, Md.

15 Filed 3 17 1929 C. BASCOM JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 19 29

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 19 29, to Feb. 14, 19 29,

that I last saw her alive on Feb. 14, 19 29,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson. M. D.

2/15 19 29 (Address) A. L. Wilkinson, M.d. 5713 Belair Rd., Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Feb 18th 1929

20 UNDERTAKER Leo S. Booth

ADDRESS 1723 N Patt Pl

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43074

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 43074

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Calvert & 31st. Apartmt ST. 42-50 (WARD)

2-FULL NAME J. Albert Boyles

(a) RESIDENCE NO. Earl Court Apartment. ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Lynette M. Boyles

6 DATE OF BIRTH (month, day, and year) May 16-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Osteopathic Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winchester, Va.

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Ralph F. Luse
(Address) Iowa

15 FEB 17 1929 G. HARRY JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16th. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28th. 1929 to Feb. 16th. 1929 that I last saw him alive on Feb. 16th. 1929 and that death occurred, on the date stated above, at 11.20 A. m. The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) -- yrs. -- mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) -- yrs. -- mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Duvall, M. D.

2-16 1929 (Address) 1817 No. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Creek Cem. Sec. D6	Feb. 18 1929
20 UNDERTAKER	ADDRESS
Wm. J. Lechner & Sons	[illegible]

Spec.—2-29-28—L. F. S.—500 Blks.

643075 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 11-001 43075

CERTIFICATE OF DEATH

E 43075

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST. 27-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John M. Connor.

(a) RESIDENCE NO. 512 McCulloh Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Connor

6 DATE OF BIRTH (month, day, and year) Sept 7, 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 —	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Martin Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bertha Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant [illegible] Connor

(Address) 512 McCulloh Ave

15 FEB 7 1929 16 Official Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-1929

17

I HEREBY CERTIFY, That I attended deceased from 2-5, 19 29, to 2-15, 19 29.

that I last saw h[illegible] alive on 2-15, 19 29

and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer with Obstruction ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-7-29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2-19-29 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2-19-29

20 UNDERTAKER Chas. P. Maus & Son — ADDRESS 1180 N. Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Alcania

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43076 31 ✓ 43076.

CERTIFICATE OF DEATH

E 43076

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine (Catinina) Alcania

(a) RESIDENCE NO. 2810 Montebello Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of (John) Alcania

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Spain

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Hospital records
(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1928 to Feb. 17, 1929.

that I last saw her alive on Feb. 17, 1929

and that death occurred, on the date stated above, at 6.10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab and Clinical

(Signed) Henry Smith, M. D.

19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 2/18 19 29

20 UNDERTAKER: Chas F. Frankston — ADDRESS: 118 W Mt Royal Ave

FEB 17 1929 — Edward H. Jones, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43077 — CERTIFICATE OF DEATH — 129 — E 43077

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1705 Hollins ST. 1928 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles T Meyer

(a) RESIDENCE NO. 1705 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Cara Meyers

6 DATE OF BIRTH (month, day, and year): aug 6 - 1858

7 AGE: Years 70 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoe Packer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Chas T Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Jeanette Meyer
(Address) 1705 Hollins street

15 Filed 8 17 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-15-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 15, 1929, that I last saw h[illegible] alive on Feb 15, 1929 and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Medley & Co, M. D.

2/16, 1929 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 2/18 1929

20 UNDERTAKER: Hotaling Brooks & Son

ADDRESS: Calhoun Mt. Clare

Spec.—2-[illegible]28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43078 — 1—PLACE OF DEATH

31

E 43078 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. T.B. 10-14 WARD)

2—FULL NAME William Smith

(a) RESIDENCE NO. 815 Ashland ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Smith

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records

(Address)

Filed 2-18 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Feb. 15, 1929, that I last saw him alive on Feb. 15, 1929 and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Hampson Jones, M. D.

2-15. 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem.	Feb. 19 1929
20 UNDERTAKER: Chas. N. Duncan & Co.	ADDRESS: N. Carolina Ave.

Cor.—10-10-29—A Co.—100 Bks.

E 43079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43079

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 16-23 Ward)

2-FULL NAME Walter Williams

(a) RESIDENCE NO. 804 N. Carey St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or .....min.
		5	2 10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work nn
(b) General nature of industry, business, or establishment in which employed (or employer) nn
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country) Md

PARENTS

10 NAME OF FATHER Miles Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Braxton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Miles Williams
(Address) 804 N Carey St

15 Filed OCT 8 1929 19.. C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Oct (day) 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy, (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. H. Kelly M. D.

Oct 7 19 29 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10-8 1929
20 UNDERTAKER Dent Easton	ADDRESS 916 E Balto

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43080
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 43080
REGISTERED NO.

CITY OF BALTIMORE: (No. 2527 Pa ave ST. 13-54 WARD) 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G Ray

(a) RESIDENCE No. 2527 Pa ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	N	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abby Ray.

6 DATE OF BIRTH (month, day, and year) May 12 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doorkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Meb. Theatre.

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER John M Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Virginia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Mrs Aby Ray
(Address) 2527 Pa ave

15 Filed FEB 18 1929 C. HAMPSON JONES, M. D. Registrar

BY [illegible]

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 29, to Feb 16, 19 29 that I last saw h[illegible] alive on Feb 15, 19 29 and that death occurred, on the date stated above, at 2.A m

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) A E Link M. D.

(Address) 1114 Bo[illegible] Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Bem	Feb 18 1929
20 UNDERTAKER W M Roulson	ADDRESS 2258 N Avenue

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43081

E 43081

CERTIFICATE OF DEATH

E 43081

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 Vine St. 18-No. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Spearman Nance

(a) RESIDENCE NO. 846 Vine ST., WARD 16.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Cal

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Spurman

6 DATE OF BIRTH (month, day, and year): July 15 1893

7 AGE: Years 35 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Greenwood, S. C.

PARENTS

10 NAME OF FATHER: Mack Nance

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greenwood S. C.

12 MAIDEN NAME OF MOTHER: Amanda Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greenwood S. C.

11 Informant: Henry Spearman Nance

(Address) 523 Macon, Brooklyn, N.Y.

15 Filed FEB 16 1929 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-15-29

17 I HEREBY CERTIFY, That I attended deceased from Nov 1-, 1928 to 2-15, 1929, that I last saw h- alive on 2-14-, 1929 and that death occurred, on the date stated above, at 12-10 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma uteri

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Uterical Carcinomatosis about 6 months

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. Jackson M. D.

2/17, 1929 (Address) Groom and Covington Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood, S. C.

DATE OF BURIAL: Feb. 18, 1929

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 E. Schroeder St.

Spec. –7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 43082

E 43082
1-PLACE OF DEATH

REGISTERED NO.

19-27

City of BALTIMORE: (No. 234 N Stricker St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Juanita Williams

(a) RESIDENCE NO. 234 N Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 31 1928

7 AGE — Years: 5 — Months: — Days: 15 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (City or town) Macon

(State or country) Ga

12 MAIDEN NAME OF MOTHER Esther Gordon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant John Williams

(Address) 234 N. Stricker

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1929, to Feb. 15th, 1929, that I last saw h[illegible] alive on Feb. 15th, 1929 and that death occurred, on the date stated above, at 2 10 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E Bell, M. D.

. 19 (Address) 734 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Feb. 18, 1929

20 UNDERTAKER: Mrs. Katie P. Williams — ADDRESS 322 N. Schroeder

Per

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

187329

Spec.—2-29-28—L. F. S.—500 Bks.

E 43083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43083

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 19-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Wright

(a) RESIDENCE NO. 337 Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9. 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Milton Wright

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Estella Stephney

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Milton Wright

(Address) 337 Calhoun St

15 Filed FEB 18 1929 HENRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929, to Feb 16, 1929,

that I last saw h[illegible] alive on Feb 16, 1929

and that death occurred, on the date stated above, at 3[illegible]5 a. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(doration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G Tull, M. D.

2/16, 1929 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Feb. 18, 1929
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	322 N Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43084

CERTIFICATE OF DEATH.

179

E 43084

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Slater Hall

(a) RESIDENCE NO. 2436 Woodbrook St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hall.

6 DATE OF BIRTH (month, day, and year) Dec 15-1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penn

(State or country)

PARENTS

10 NAME OF FATHER John Slater

11 BIRTHPLACE OF FATHER (city or town) Penna

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Penn

(State or country)

14 Informant Pearl Major

(Address) 2926 McCulloh

Filed 19 C. HANSON JONES, M. D.

Registrar

D 13929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and hour) Feb 13th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, Medical Examiner or Inquiry Jury) find that said deceased came to her death on the date stated above.

THE CAUSE OF DEATH* was as follows:

3rd degree burns (accidental)

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

No one seems to know whether suicide or by accident. how she got burnt,

(Signed) F C Smith M. D.

Feb 16th 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

2436 Woodbrook St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 2/18 1929

20 UNDERTAKER Samuel Hensley ADDRESS 7 N Eddie

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43085

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 W. Baltimore St. 18-29 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Sluter,

(a) RESIDENCE NO. 1039 W. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? 77 yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Jeremiah H. Sluter,

6 DATE OF BIRTH (month, day, and year) March 9. 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bavaria
(State or country) Germany

PARENTS

10 NAME OF FATHER Bernhard Lang,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia E. Bissons,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Florence Sluter
(Address) 1039 W Baltimore St

15 Filed FEB 18 1929 Harrison Jones M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to Feb 16, 1929, that I last saw h-lr alive on Feb 16, 1929, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

CONTRIBUTORY (Secondary) old age (duration) yrs. 6 mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No (Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

, 19 (Address) 62 N 40 st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 19 19 29
20 UNDERTAKER Geo. W. Settle	ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43086

CERTIFICATE OF DEATH

74-001

E 43086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Woodyear ST. 16-23 WARD)

2—FULL NAME Sylvia Stovall

(a) RESIDENCE NO. 1121 Woodyear ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 54 | Months — | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Hsd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER John Gough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Sylvia Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Ernest Stovall

(Address) 1121 Woodyear St

15 Filed 3 10 1929, 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1929, to Feb 15, 1929

that I last saw h alive on Feb 15, 1929

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. M. Hatcher, M. D.

2/17, 1929 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 18 1929

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 N. Caren

Spec.—2-29-28—L. F. S.—500 Bks.

E 43087 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 43087

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1405 Park Ave. St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Crawford Crisp

(a) RESIDENCE NO. 1405 Park Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 8 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James W. E. Crisp

6 DATE OF BIRTH (month, day, and year) June 4/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. C. Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Edna C. Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. James Edward Crisp

(Address) 1405 Park Ave.

15 Filed FEB 10 1929 [illegible] Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 15, 1929, that I last saw h[illegible] alive on Feb 15, 1929 and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward A. Morgan, M. D.

19 (Address) 1325 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemy.	Feb. 18, 1929
20 UNDERTAKER	ADDRESS
John C. Mitchell & Sons	1900 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 43088

CERTIFICATE OF DEATH

E 43088

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3024 Rosalind Ave. 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lydia Lovell.

(a) RESIDENCE NO. 3024 Rosalind Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Adjut. Salvation Army

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 1926

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Elisha Lovell

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Martha Wheeler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: W. H. Parrish

(Address) 3024 Rosalind Ave.

15 Filed FEB 19 1929 SAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1928 to Feb. 16. 1929.

that I last saw her alive on Feb. 15. 1929

and that death occurred, on the date stated above, at 7:40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Peritoneum. Involvement of Stomach and intestines.

(Exhaustion) (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Ex.

(Signed) James B. Ashcraft, M. D.

2-16-29 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Feb 18 1929

20 UNDERTAKER: Ehrenworth & Lohstroh — ADDRESS 3417

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43089

CERTIFICATE OF DEATH

90

E 43089

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N Carey ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan Addison

(a) RESIDENCE NO. 707 N Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col'd	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Albert Addison

(Address) 1401 N Monroe

15 Filed OCT 18 1929 Per [illegible] Registrar

SAMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Feb. 15, 1929, that I last saw h... alive on Feb 15 1929 3.00 p m. and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. V ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? H Norwood

(Signed) H Norwood, M. D.

Apr 16 1929 (Address) 909 W Fayette

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	2-17 1929
20 UNDERTAKER Joe H Trader	ADDRESS 1027 Edmondson

Spec.—1-12-23—M&T—500 Bks.

E 43090 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43090

CERTIFICATE OF DEATH.

99-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sis of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Flynn

(a) RESIDENCE No. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) July 9th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79 80	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Owen McBenna

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah McFarland

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor Preston & Valley (Address)

15 Filed FEB 8 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 16 Feb. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 19 , to , 19 , that I last saw her alive on Feb 15, 1929, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Wenna, M. D.

Feb 17, 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 18 1929

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmount Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43091

CERTIFICATE OF DEATH.

90

E 43091

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 928 N. Mount St., 16-22 Ward)

2-FULL NAME Maggie W. Ruff (Warner)

(a) RESIDENCE NO. 928 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Ruff.

6 DATE OF BIRTH (month, day, and year): Nov 25 1883

7 AGE — Years: 45 — Months: 3 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Louis Reed

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Warner

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Thos. Ruff

(Address) 928 N. Mount St.

15 Filed Feb 17 1929 C. HARRISON JONES, M. D. Registrar

Per Edith

B 181929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Official) M. D.

(Address) Coroner

Feb 16th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

(Where was disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. M. Cemetery — Date of Burial: Feb. 20 29

20 UNDERTAKER: Jno. W. Chase & Son — ADDRESS: 1400 Pennsa

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Goldmaner.

E 43092

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43092

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE: (No. Balto Md. ST., 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Goldenauer

(a) RESIDENCE NO. 1727 E Pratt St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7 1886

7 AGE 42	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13		2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Saloon Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Marcellus Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Henrietta Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Balto City Hospt (Address) Balto Md

15 Filed FEB 3 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-29

17 I HEREBY CERTIFY, That I attended deceased from 1-29 1929 to 2-17 1929

that I last saw him alive on 2-16- 1929

and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

Acute Alcoholic Delirium

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis Acute Chronic alcoholic Delirium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry H. Emrich M. D.

2/19 1929 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	2/21 1929

20 UNDERTAKER M. J. & E. Hartwig Sons

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 43093 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 43093

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Fleetwood Ave. Overlea ST. 21-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY J. HALLEY

(a) RESIDENCE No. 3910 Fleetwood Ave. Overlea ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred life's yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Halley

6 DATE OF BIRTH (month, day, and year): June 29, 1859.

7 AGE: Years 69 | Months 7 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Arthur Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14

Informant: Mrs. J. Colbert
(Address): Perry Hall, Md.

15 Filed FEB 18 1929 H. HAMILTON JONES, M. D., Registrar

Entered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1928 to Feb. 16, 1929,

that I last saw her alive on Feb. 16 1929

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma
Cardiac Decompensation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
Diabetes Mellitus (duration) 2 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery | DATE OF BURIAL: Feb 19 1929

20 UNDERTAKER: Frederick Loeschner | ADDRESS: East Fulton

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43094

CERTIFICATE OF DEATH

1284 E 43094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 W. Lafayette ave 1668 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Thomas Griffin

(a) RESIDENCE NO. 2427 W. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. 1 — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie R. Griffin

6 DATE OF BIRTH (month, day, and year) June 3rd 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Commercial Bank

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER George Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Margaret Ann Gaylard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Fannie R. Griffin

(Address) 2427 W. Lafayette ave

Filed FEB 18 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12 1929 to Feb 15 1929 that I last saw h[illegible]ive on Feb 15 1929 and that death occured, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Valvular Heart disease Mitral Stenosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Estelle Fleming M. D.

2/16/1929 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Carroll Chapel M. E. Balto Co. Md

DATE OF BURIAL 2/19/1929

UNDERTAKER Geo. Webb & Son

ADDRESS 2503 Edmondson ave

Spec.—1-12-23—M&T—500 Bks.

E 43095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43095

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Mc Culloh ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Susan Wood

(a) RESIDENCE No. 2313 Mc Culloh ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Louise Browns

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER William Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Louise Browns (Address) 2313 Mc Culloh

15 Filed FEB 18 1929, 19 Registrar HARRISON JONES II

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 15, 1929.

that I last saw her alive on Feb 14, 1929

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation —

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms —

(Signed) Wm. H. Wright, M. D.

Feb 15, 1929 (Address) 1209 Preston and St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/18/1929

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill

Filed ..., 19... Registrar Mrs. George H. Holland, 163 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43096 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43096

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1422 E. Monument St WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Bacon

(a) RESIDENCE NO. 1422 E. Monument st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 12, 1885

7 AGE: Years 43 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer): Bethelhem Steelco

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U. S. A.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Francis Rhees

(Address) 1422 E. Monument st

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1929

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to Feb 15, 1929, that I last saw him alive on Feb 15 1929 and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency generalized Anasarca (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Gehrung, M. D.

2/17. 1929 (Address) 1429 E Monument st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Feb. 18, 1929
20 UNDERTAKER	ADDRESS
Wm. P. G. Elbert	1747 Eastern Ave

Registrar | Mrs. R.H. Elbert | 1423 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43097

162

E 43097

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Lee Hess

(a) RESIDENCE NO. 3016 Hudson St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 2/17/29

7 AGE: Years — Months — Days — IF LESS than 1 day ..hrs. or.....min. 7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Hess

11 BIRTHPLACE OF FATHER (city or town): Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Yvette Richter

13 BIRTHPLACE OF MOTHER (city or town): Balto Md.

(State or country)

14 Informant: John Hess

(Address) 3016 Hudson St.

15 Filed 2-19-29 H. Mason Hopkins, M. D. Registrar

B 19139

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of New born.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Scott Evans M. D.

(Coroner)

2/18/29 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 2/18/1929

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Eutaw St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kyle, 3321 Fulton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kyper, 3321 Forest Ave

101-001

E 43098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-70

E 43098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 S. Longwood ST.) (WARD)

2—FULL NAME Margaret E Reed

(a) RESIDENCE NO. 554 S. Longwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Reed

6 DATE OF BIRTH (month, day, and year) May 17, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Tarsonette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anne Crenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Alice A Thomas

(Address) 413 Scott St

Filed FEB 18 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 21. 1929 to Feb 15. 1929

that I last saw her alive on Feb 15. 1929

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

mitral insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) Fred T. Kyper M. D.

19 (Address) 3321 Forest Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2/18 19 29

20 UNDERTAKER H. C. Cook

ADDRESS 1217 E Pratt St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43099 101-001 E 43099

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 18-29 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Lee

(a) RESIDENCE NO. 1224 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (Unknown)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator-Machine

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Bordell & Haywood Co

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Claude Lee

(Address) 1224 Hollins St

15 Filed 3 18 1929, 19 C. RAMSON JONES, M. D., Registrar

By L. Hill

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/13/29, 19 ..., to 2/17/29, 19 ..., that I last saw h[illegible] alive on 2/17/29, 19 ..., and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Both Sides Lower Lobes)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Contracture

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Feb 19 19

20 UNDERTAKER A. Jones ADDRESS 111 S Gilmor

very important. See instructions on back of certificates.

FEB 18 1929 Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43100

CERTIFICATE OF DEATH.

E 43100
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Erdman Ave. 8-45 WARD)

2-FULL NAME Alma Marie Freseman

(a) RESIDENCE No. 2316 Erdman Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, (or) WIFE of Claudius Freseman

6 DATE OF BIRTH (month, day, and year) Sept. 11. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oil City Pa.

PARENTS

10 NAME OF FATHER Christian Roess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Krauthaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Rev. Cluadius Freseman

(Address) 2316 Erdman Ave

Filed FEB 18 1929 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17. 1929

17

I HEREBY CERTIFY, That I attended deceased from May 15th, 1926, to Feby 17th, 1929, that I last saw her alive on Feby 17th, 1929, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Uterus)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert. S. Kusk M. D.

2/18. 1929 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 19 1929

20 UNDERTAKER Hughes & Jones Inc

ADDRESS 424 N. Brdy.

THION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

43101

CERTIFICATE OF DEATH

E 43101

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 344 S. Newkirk ST., 26 WARD)

2—FULL NAME Katherina Yaeger

(a) RESIDENCE NO. 344 S Newkirk ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Yaeger

6 DATE OF BIRTH (month, day, and year) May 10 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER George Nessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Barbara Wiltyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Frank Yaeger (Husband)
(Address) 344 S. Newkirk St.

15 Filed FEB 1929 W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1929 to Feb. 17 1929 that I last saw h— alive on Feb. 16 1929 and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Influenza
Cholera Infantum
Fifty Hours (Duration) 0 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Dilation 7 Hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. E. Warr M. D.

2. 18 29 (Address) 26 Bethel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Old Lawn Cemetery	Feb. 20 1929
20 UNDERTAKER	ADDRESS
Libby & Sidwell	420 S. Wolfe

B 10 1929 ... Registrar ... Libby & Guilford ... 420 S. Wolfe

Spec.—1-12-23—M&T—500 Blks.

E 43102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 43102

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 E. Fairmount ave ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Rothman

(a) RESIDENCE NO. 2409 E Fairmount ave ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon Greenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Rothman

(Address) 2409 E Fairmount ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Per ... Registrar

B 10 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17. 1929

17

I HEREBY CERTIFY, That I attended deceased from June ..., 19 28., to Feb 17th ..., 1929.

that I last saw h alive on Feb 17th ..., 19 29.

and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:

Hemiplegia; Intra Cerebral Hemorrhage; Arteriosclerosis

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

Feb 18. 1929 (Address) 2360 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herring Run

DATE OF BURIAL 2/18 1929

20 UNDERTAKER Sol Levinson Bro

ADDRESS 1127 E Balto st

Spec.—12-9-25—A Co.—200 Bks.

Infant Gray

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43103

CERTIFICATE OF DEATH.

161-01

E 43103

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 W. Conway 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant (unnamed)

(a) RESIDENCE NO. 623 W. Conway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 15, 1929

7 AGE — Years | Months | Days | IF LESS than 1 day 17 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Gray

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Alberta McClintock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Alberta Gray

(Address) 623 W. Conway

15 Filed FEB 15 1929 C. HAMPSON JONES, M. D. Registrar

By 3262

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 15 1929, to Feb 16, 1929,

that I last saw him alive on Feb 16, 1929,

and that death occurred, on the date stated above, at 1 DA m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Prolonged Exposure

(Signed) W. H. Watts, M. D.

, 19 (Address) 928 Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

UNIVERSITY OF MARYLAND.

20 UNDERTAKER Address

Commissioner Health,

FEB 18 1929

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43104
REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS
CITY OF BALTIMORE, (No. [redacted] St.) 26-37 90 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Bell

(a) RESIDENCE No. .... ST., ... WARD ....
(Usual place of abode)
Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): Wid
5a If married, widowed, or divorced HUSBAND of or) WIFE of
6 DATE OF BIRTH (month, day, and year)
7 AGE: 69 Years ; Months ; Days ; If LESS than 1 day, ... hrs. or .... min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) .... (State or country) Md
PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) .... (State or country) ,
12 MAIDEN NAME OF MOTHER ,
13 BIRTHPLACE OF MOTHER (city or town) .... (State or country) ,
14 Informant Records of
(Address) BALTIMORE CITY HOSPITALS [redacted]
15 Filed .... 19 .... [illegible] Registrar
10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15 1929
17 I HEREBY CERTIFY, That I attended deceased from 7-13, 1921, to 2-15, 1929, that I last saw her alive on 2-15, 1929, and that death occurred, on the date stated above, at 8 45 A. m.
The CAUSE OF DEATH* was as follows:
Hypertensive Heart Disease
Myocardial Insufficiency.
(duration) 6 yrs. mos ds.
CONTRIBUTORY (Secondary) Varicose ulcers of legs
(duration) 6 yrs. mos. ds.
18 Where was disease contracted if not at place of death? ....
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis? ....
(Signed) [signature] M. D.
I [redacted] BALTIMORE CITY HOSPITALS
*State the Dis[redacted] state (1) Means and [redacted] Violent Causes, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND
DATE OF BURIAL 19
20 UNDERTAKER: Commissioner Health.
ADDRESS 8 FEB 18 1929

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43105

CERTIFICATE OF DEATH

44 E 43105

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 26-37

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. ... WARD)

2-FULL NAME William E. Sears

(a) RESIDENCE No. none ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ... Pa
(State or country)

PARENTS

10 NAME OF FATHER Stephen

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Ireland

14 Informant Patient
(Address) BALTIMORE CITY HOSPITALS

15 Filed ... H. Page Jones, M. D.
Registrar

B 1-8 1929 3258

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-15, 1929, to 2-10, 1929,
that I last saw living alive on 2-15, 1929,
and that death occurred, on the date stated above, at 845 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach 07

CONTRIBUTORY (Secondary) Pellagra (duration) yrs. 6 mos ... ds.
(duration) yrs. 4 mos. ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. Sm. Smith M. D.
(Address) BALTIMORE CITY HOSPITALS, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

Commissioner of Health,

UNIVERSITY OF MARYLAND

FEB 18 1929

Spec.—2-29-28—L. F. S.—500 Bks.

43106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43106

CERTIFICATE OF DEATH

117

1—PLACE OF DEATH Maryland General Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. Howard & Madison ST. 15-6W WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary M Scott

(a) RESIDENCE NO. 3305 Oakfield Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 14 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Frederick Memmert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry Rosenberg

(Address)

15 Filed 1 8 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1929, to Feb 17th, 1929, that I last saw her alive on Feb 17th, 1929 and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids.
Chronic Appendicitis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Mesenteric Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 11th, 1929

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. L. Reifschneider, M. D.

Feb 17, 1929 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb 19 1929

20 UNDERTAKER Chas. G. Black ADDRESS 942 W North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43107 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 **E 43107**

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2205 REGISTERED NO.

CITY OF BALTIMORE: (No. Preatess Place ST. 8-12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Jenkins

(a) RESIDENCE NO. 2205-Preatess Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: John H. Jenkins

6 DATE OF BIRTH (month, day, and year): Nov 1832

7 AGE: Years 97 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Adam G. Eidman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co.

12 MAIDEN NAME OF MOTHER: Katherine Hauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John H. Jenkins
(Address): 2205 Preatess Place

15 Filed 1929 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28 1928 to February 12 1929 that I last saw her alive on Feb. 10 1929 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Descending Colon

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Vincent K. Cosgrove, M. D.

19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feby 19 1929

20 UNDERTAKER: Robt L. Turnerclue — ADDRESS: 1742 N Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

E 43108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43108

CERTIFICATE OF DEATH

1—PLACE OF DEATH University Hospital REGISTERED NO. 117

CITY OF BALTIMORE: (No. ST 18-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Esther Robinson

(a) RESIDENCE NO. 30; N. Poppleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed 19 C. Hampson Jones M. D. District

FEB 18 1929 326 PM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 4, 1929, to February 17, 1929, that I last saw h[illegible] alive on February 17, 1929 and that death occurred, on the date stated above, at 10.55 a.m.

The CAUSE OF DEATH* was as follows:

Uterine fibroids.
Right ovarian cyst

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) General post operative peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 2/14/29

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. R. Eulich M. D.

2/18, 1929 (Address) Jr. University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
VERSITY OF MARYLAND	19
20 UNDERTAKER	ADDRESS
Department of Health.	

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43109 E 43109

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 N. Mount ST. 16-22 (WARD)

2-FULL NAME Grace Thomas

(a) RESIDENCE NO. 922 N. Mount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rob. P. J. Thomas

6 DATE OF BIRTH (month, day, and year) Dec. 3 - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mamie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rob. P. J. Thomas

(Address) 922 N. Mount

15 FEB 8 1929 C. HAMPSON JONES, M. D. Registrar

3268 THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb. 15, 1929, that I last saw h[er] alive on Feb. 14, 1929 and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General Anasarca.

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas. C. Conser, M. D.

2/16, 1929 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health ADDRESS FEB 18 1929

Par. Wm. E. Woods

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 43110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43110

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 21-29 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Boditsky

(a) RESIDENCE NO. 1319 Herkimer ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 38) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891.

7 AGE 58 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Boditsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Boditsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant J. Boditzky (Address) 1319 Herkimer St

15 Filed 8 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929. to Feb. 17, 1929. that I last saw him alive on Feb 13, 1929, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertensive Cardio-Vascular Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 11, 1929

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) D Arthur Lurie, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rodemer Cemetery DATE OF BURIAL Feb 20 1929

20 UNDERTAKER Chas. Kuchauckas ADDRESS 637 S Paca St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 510 E Fort Ave St., 24 Ward

Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hollie B Hazard

(a) Residence No. 510 E. Fort Ave St., 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE W

5-Single, Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John S Hazard

6-DATE OF BIRTH (month, day and year) Nov 14, 1870

7-AGE 58 yrs. 3 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Richmond Va

PARENTS.

10-NAME OF FATHER John H Perkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Richmond Va

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Richmond Va

11- (Informant) John S Hazard

(Address) 510 E Fort Ave

15- ed 8 1929 C. HAMPSON JONES, M. D. Registrar.

Dist 1166

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 16 29

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 19 29 to Feb 16 19 29

that I last saw h. alive on Feb 16 19 29

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Pulmonary

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

2/18 1929 (Address) 644 Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL. Loud Ave 2 19 29

20-UNDERTAKER. J. Tabor & Sons ADDRESS 131 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 43112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43112

CERTIFICATE OF DEATH.

146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Bon Secours Hospital ST. 5-61 WARD)

2-FULL NAME Mrs. Ina Joseph

(a) RESIDENCE NO. 3304 Forest Park Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Howard A. Joseph

6 DATE OF BIRTH (month, day, and year) June 7 - 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER Chas E. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn N. Y.

12 MAIDEN NAME OF MOTHER Ellen Lawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Howard A. Joseph (Address) 3304 Forest Park Ave

15 8 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Feb 18 1929.

that I last saw h alive on Feb 17 1929.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus septicemia (puerperal)

c myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Miscarriage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/9/29

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Chas. E. Stacy, Jr. M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N Y. DATE OF BURIAL Feby 19 1929

20 UNDERTAKER Harry W Eblen ADDRESS 1420 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

2 A.M.

2513

E 43113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah E Cobb

(a) RESIDENCE No. Wolfsburg Bedford Co Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John E. Cobb

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Thomas Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eden Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1929 to Feb 18 1929 that I last saw her alive on Feb 18 1929 and that death occurred, on the date stated above, at 2 AM m.

The CAUSE OF DEATH* was as follows:

Sagittal sinus thrombosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 16 1929

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Rudyard Trimble M. D.

Feb 18 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bennett A J

DATE OF BURIAL 2/18/29

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bu

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43114

CERTIFICATE OF DEATH. + 74-681

E 43114

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Belto General St. 16-68 Ward)

2-FULL NAME Herbert H. Gibble

(a) RESIDENCE NO. 207 N. Point Road St. _____ Ward Dist. 5 Mile

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ____ mos. / ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Gibble

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
59	60	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saw Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Virginia

(State or country)

PARENTS

10 NAME OF FATHER Thomas Gibble

11 BIRTHPLACE OF FATHER (city or town) W. Va

(State or country)

12 MAIDEN NAME OF MOTHER Davis

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Gibble

(Address) 207 N. Point Road

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Feb 16th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia (duration) ____ yrs. ____ mos. one hr.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) F. B. Linck M. D. (Coroner)

Feb 16 1929 (Address) Coroners Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence 207 N. Point Rd

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery Date of Burial Feb 19, 1929

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43115

1—PLACE OF DEATH

REGISTERED NO. 669

CITY OF BALTIMORE: (No. St Josephs Hosp STREET (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Elsie Ritchie

(a) RESIDENCE NO. 1528 Orleans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5-1879

7 AGE: Years 49 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: John L. Ritchie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret E. Ritchie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Samuel Ritchie

(Address) 1528 Orleans St

15 FEB 18 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1929, to Feb. 17, 1929, that I last saw her alive on Feb. 17, 1929, and that death occurred, on the date stated above, at 11:50 P. m.

The CAUSE OF DEATH* was as follows:

Gastric dyspepsia

(duration) about yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	2/20 1929

20 UNDERTAKER: Chas P. Maus

ADDRESS: 1180 Mt Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 43116

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Elliott St. ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walenty Drozd

(a) RESIDENCE NO. 2324 Elliott St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 15 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Dudek

(Address) 2324 Elliott St.

15 Filed 8 1929 C. [illegible] JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 19, to Feb. 15, 19 29.

that I last saw him alive on Feb. 15 19 29

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

2-16, 19 29 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL 19 19 29

20 UNDERTAKER John Wilentz & Sons

ADDRESS Baltimore

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43117 E 43117

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO. 1-3

CITY OF BALTIMORE: (No. 700 S Montford Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank M. Drgos

(a) RESIDENCE NO. 700 S. Montford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 2 1910

7 AGE — Years: 18 | Months: 4 | Days: 14 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) School Boy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephen Drgos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czchoslowakia

12 MAIDEN NAME OF MOTHER Anna Komeczna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Stephen Drgos

(Address) 700 S. Montford Ave

15 Filed Feb 18 1929 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to Feb. 16, 1929, that I last saw him alive on Feb. 16, 1929 and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Libby, M. D.

, 19 (Address) 432 E Patterson Park Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Feb

DATE OF BURIAL: 19 19 29

20 UNDERTAKER: Wm N Wisner & Sons

ADDRESS: Chester

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43118

CERTIFICATE OF DEATH

113 E 43118

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3009 Hudson ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice Dudeck

(a) RESIDENCE NO. 3009 Hudson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29, 1928

7 AGE — Years: 8 Months: 17 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Andrew Dudeck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Genevieve Tyburska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del.

14 Informant: Andrew Dudeck

(Address): 3009 Hudson St

15 Filed 2-18 1929 C. HARRISON JONES, M.D. Registrar

Kell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to Feb. 17, 1929, that I last saw her alive on Feb. 17, 1929 and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastric Indigestion

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronubnas, M. D.

(Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetary

DATE OF BURIAL: 2-19-29 19

20 UNDERTAKER: John M. Weber

ADDRESS: 401 S. Chester St

John M. Weber

Cor.—12-9-25—A Co.—200 Bks.

E 43119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1230 N. Eden St. Ward) 10-14

2-FULL NAME Martha W. Barnes

(a) RESIDENCE NO. 1230 N. Eden St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. W. Barnes

6 DATE OF BIRTH (month, day, and year) Jan 6/1847

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	82	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Conn

PARENTS

10 NAME OF FATHER Eri Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Conn

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ct

14 Informant Mrs. Wm. Purnell Hall

(Address) 1021 N. Caroline St

15 Filed 1929 16 C. HAMPSON JONES, M. D.

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chr.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Angina Pectoris)

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

2/18/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vernon Cemetery Date of Burial 2/19 1929

20 UNDERTAKER E. L. Fleming Com. ADDRESS 1986 Eutaw

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43120 44 E 43120

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Park Avenue ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Wells

(a) RESIDENCE NO. 1906 Park Avenue ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 9 da. How long in U. S., If foreign birth? — yrs. — mos. — da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P. Wells

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER ------- Hughlett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not obtainable

14 Informant Mrs. Frank B. Jenkins
(Address) 1906 Park Avenue

15 Filed ... 19 ... C. BARRON JONES, M. D.
8 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Feb 16 1929

that I last saw her alive on Feb 16 1929

and that death occurred, on the date stated above, at 10-45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 1 mos. 16 da.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Gill Hall M. D.

Feb 18, 1929 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 2/19 1929

20 UNDERTAKER Henry U. Mears and Edgar Weaver

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 43121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43121

CERTIFICATE OF DEATH. x 57

REGISTERED NO.

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. 14-20 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sallie Wiggins

(a) RESIDENCE No. Yanceyville, N.C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. W. Wiggins

6 DATE OF BIRTH (month, day, and year) not known.

7 AGE: 64 yrs (Years / Months / Days; If LESS than 1 day, hrs or ... min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Yanceyville N.C

PARENTS

10 NAME OF FATHER Thomas Womack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Yanceville N.C

12 MAIDEN NAME OF MOTHER Ann E. Yancey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Yanceville N.C.

14 Informant Mrs Ann Wiggins

(Address) Yanceyville, N.C.

Filed 8 1929, 19 C. RAMSON JONES, M. D.

By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 18, 1929.

that I last saw her alive on Feb, 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Francis H. Langley, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Yanceyville, N.C.

DATE OF BURIAL: Feb. 19 1929

20 UNDERTAKER: John A. Mitchell Sons

ADDRESS: 1900 Eutaw St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 179

E 43122

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St. 30 WARD)

2—FULL NAME Jerry Butler

(a) RESIDENCE NO. New Windsor Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

7 AGE: 15 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wood cutter O.K. 015

(b) General nature of industry, business, or establishment in which employed (or employer): Walter Butler (Father)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Windsor Md.

10 NAME OF FATHER: Walter Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Windsor Md.

12 MAIDEN NAME OF MOTHER: Mary Woodyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Walter Butler (Father)

(Address): New Windsor Md.

15 Filed 2 8 1929

C. HAMPSON JONES, M. D. Registrar

Crother Zeller Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/1929

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 1929, to 2/11, 1929.

That I last saw him alive on 2/11, 1929

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

2nd degree burns of Head (Entire) Trunk, Upper and Lower Extremities (Arm)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis,

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? New Windsor, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic & Lab.

(Signed) C. C. Lumpkin, M. D.

2/18, 1929 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Hill Cem. Carroll Co. Md.	2/20 1929
20 UNDERTAKER	ADDRESS
J. H. Reiner	New Windsor Md.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43123

E 43123

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 536 S. Smallwood St. WARD) 20-6

REGISTERED NO. 145-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude M. Hittel

(a) RESIDENCE NO. 536 S. Smallwood St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 22 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND (or) WIFE: Edw. F. Hittel

7 DATE OF BIRTH (month, day and year): Sept 26th 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Thos. F. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bello, Md.

12 MAIDEN NAME OF MOTHER: Mary Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bello, Md.

14 Informant: Edw. F. Hittel

(Address) 536 S. Smallwood St

Filed 1929 Per

J. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb. 17th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929 to Feb 17, 1929.

that I last saw h alive on Feb 16 1929

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) ... yrs. mos. 7 ds.

CONTRIBUTORY (secondary): Chronic Myocarditis

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L. Fitzgerald M. D.

2/18 1929 (Address) 1724 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	2/19/1929

20 UNDERTAKER: H. S. Hufford ADDRESS: 1850 W. Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43124

CERTIFICATE OF DEATH

90 E 43124

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 W. Fayette ST. 18-76 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ann Neaber

(a) RESIDENCE NO. 819 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Delaney Neaber

7 DATE OF BIRTH (month, day, and year) Jan 5th 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER John H. Ashton

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Susannah E. Ashton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Theresa A. Messenger
(Address) 819 W. Fayette St.

Filed ... 19 ... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16, 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb 16, 1929,
that I last saw her alive on Feb 16 1929
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Lassman, M. D.

Feb 17, 1929 (Address) 1287 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 19th 1929

20 UNDERTAKER J. B. Wysong & Son ADDRESS 1507 N. Balto St

Cor.—12-3-28—A Co.—300 Hks.

Edward M. Zoeller

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 43125

CERTIFICATE OF DEATH.

E 43125

1-PLACE OF DEATH

26-41

REGISTERED NO.

City of BALTIMORE: (No. 4515 Bowley's Lane St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M Zoeller

(a) RESIDENCE NO. 4515 Bowley's Lane St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17/29

7 AGE	Years	Months	Days	IF LESS than 1 day	hrs. or	min.
				5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank V. Zoeller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary V. Bush

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address) 4515 Bowley's Lane

Filed 19 C. HAMPSON JONES, M. D. Registrar

8 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address) 2/17/29 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Western Cemetery 2/19 19 29

20 UNDERTAKER ADDRESS

F. S. Hoppert, 850 N Gilmor St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43126

CERTIFICATE OF DEATH

101-001

E 43126

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3132 Stafford ST., 20-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles F. Lucas

(a) RESIDENCE NO. 3132 Stafford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella M. Lucas

6 DATE OF BIRTH (month, day, and year): May 30th 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	19	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (City or town) (State or country): Charles County Md

10 NAME OF FATHER: Frank Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles County Md

12 MAIDEN NAME OF MOTHER: Stephanie Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges County Md

14 Informant: Mrs Irene F. Tydings

(Address) 3132 Stafford St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17th 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 1929, to 2/17, 1929, that I last saw h alive on 2/17, 1929, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fell to Car Sarcomatosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Damon P. Clayton M. D.

19 (Address) 330 E Fredericks Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Charles Co, Md

DATE OF BURIAL: Feb 19 1929

20 UNDERTAKER: J. D. Hyppert

ADDRESS: 1850 W. Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43127

CERTIFICATE OF DEATH

154 E 43127

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 811 W. Cross St. 2-1-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Jane Falk

(a) RESIDENCE NO. 811 W Cross St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John Falk

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Muser Lipscomb

13 BIRTHPLACE OF MOTHER (city or town) Valley Forge
(State or country) Pennsylvania

14 Informant Mother

(Address) 811 W. Cross St

Filed B 19 1929 H. LLOYD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 18, 1929, that I last saw her alive on Feb 18, 1929 and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Ritters Disease (acute Exfoliating coccogenous dermatitis of new-born.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Alexander Norry, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	2-19 1929
20 UNDERTAKER	ADDRESS
Bernard C Hartz	1004 S Paca St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43128

CERTIFICATE OF DEATH

+ 79 E 43128

1—PLACE OF DEATH Md. Gen. Hosp.

REGISTERED NO.

CITY OF BALTIMORE: (No. 11-24 ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Kienhold Sr

(a) RESIDENCE NO. Pfeiffers Corner ST., near Jerusalem Rd. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Kienhold

6 DATE OF BIRTH (month, day, and year) March 7-65

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63		11	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

8 BIRTHPLACE (city or town) Oldenberg

(State or country) Germany

10 NAME OF FATHER Clemente Kienhold

11 BIRTHPLACE OF FATHER (city or town) Oldenberg

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Mette

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Germany

Informant Hospital Records

(Address)

Filed 19 1929 FLORENCE J. JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-29

17 I HEREBY CERTIFY, That I attended deceased from 2-5 —, 1929, to 2-17 —, 1929, that I last saw him alive on 2-17 —, 1929, and that death occurred, on the date stated above, at 8 37 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

CONTRIBUTORY (Secondary) (duration) 1 yrs. 0 mos. 0 ds. Acute Myocardial Insuff

18 Where was disease contracted if not at place of death? (duration) 4 yrs. 6 mos. 1 ds. At home

Did an operation precede death? Yes Date of 2-12-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Sampson M. D.

(Address) 1 W Mt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. DATE OF BURIAL 2-21 1929

20 UNDERTAKER E & B Hahn 115 E West St ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43129

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 43129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1955 Mulberry St. 20-27 Ward)

2-FULL NAME Mary Brayden

(a) RESIDENCE NO. 1955 Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? About 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	85	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Robert Windle

(Address) 1955 Mulberry St

15 FEB 20 1929 19 CLAYTON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2 18 29

17

I HEREBY CERTIFY, That I attended deceased from 2-16- 19, to 2-18 19 29.

that I last saw h alive on 2-17 19 29.

and that death occurred, on the date stated above, at 6 50 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo O'Leary, M. D.

2/18 1929 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Calvary Cem Feb 20 1929

20 UNDERTAKER — ADDRESS

Jno J Tucker & Sons N Pa Ave

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

E 43130

REGISTERED NO. E 43130

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital 16-23 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susie Brinkley

(a) RESIDENCE NO. 816 Smith Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: James Brinkley

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C

PARENTS

10 NAME OF FATHER: Joseph Henton

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C

12 MAIDEN NAME OF MOTHER: Sally Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C

14 Informant: James Brinkley

(Address) 1620 Jefferson St

15 Filed FEB 19 1929 CLARENCE R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13-29

17 I HEREBY CERTIFY, That I attended deceased from 2-2-, 1929, to 2-13, 1929, that I last saw h alive on 2-12-, 1929 and that death occurred, on the date stated above, at 3.60 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma cervix

(duration) about 6 months yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Carcinomatosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Jackson, M. D.

2/13, 1929 (Address) 1600 Arlington Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetry — DATE OF BURIAL: Feb 19 1929

20 UNDERTAKER: E Edward Bryan — ADDRESS: 1631 orleans st

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43131

CERTIFICATE OF DEATH.

E 43131

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 Perry St 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgie Parker

(a) Residence No. 125 Perry St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elmer Parker

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Horsley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Tissie Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11- (Informant) Elmer Parker

(Address) 125 Perry St

15- Filed FB 19 1929 192 C. HAROLD JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 17/29

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1929 to Feb 17 1929

(but I last saw h[illegible] alive on Feb 17 1929

and that death occurred, on the date stated above, at 9.0 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease Exhaustion

(Duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) yrs. 1 mos. 0 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Symptoms and Symptom

(Signed) Charles H Flowlee M. D.

Feb 17 1929 (Address) 712 Shaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL. Feb 20 1929

20-UNDERTAKER C. L. Bromwell Son — ADDRESS Westminster

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 21-29 75-001

REGISTERED No. E 43132

CITY OF BALTIMORE (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bowers

(a) RESIDENCE NO. 558 Wyeth ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary R Bowers

6 DATE OF BIRTH (month, day, and year) July 24 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

Filed [illegible] HAMILTON JONES, M. D., Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 15 1929

17 I HEREBY CERTIFY, That I attended deceased from 11 - 20 1928 to 2 - 15 1929.

that I last saw him alive on 2 - 15 1929.

and that death occurred, on the date stated above, at 8.00 A m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, Rt

Hypertension (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible]

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2 21 1929

20 UNDERTAKER W M Cook — ADDRESS 217 S Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43133

CERTIFICATE OF DEATH

E 43133

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 N Appelton St.) (WARD) 16-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane Campbell

(a) RESIDENCE NO. 1000 N Appelton ST., WARD Patterson-#9

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H Campbell

6 DATE OF BIRTH (month, day, and year): Mar 26 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	10	32	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Thomas Van Ness

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Mary Van Deison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: Harry H Campbell

(Address) Eastlake Heights Md

15 Filed 19 1929 HARRISON ORIS, M.

Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-18-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-12 . 1929 . to 2-18 . 1929.

That I last saw h[illegible] alive on 2-18- . 1929

and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Arteriosclerosis

Unknown.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

2-18 . 1929 (Address) 1101 N. Fulton Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Patterson N. J. — DATE OF BURIAL: Feb 19th 1929

20 UNDERTAKER: Leo S. Cook — ADDRESS: 1823 Pitt Pl.

Cor.—12-9-25—A Co.—200 Bks.

Emelia Urff.

E 43134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43134

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Eutaw Pratt~~ Market Place & Hatton Sts. St. Ward) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Urff

(a) RESIDENCE NO. Edmondson Ave & Monument East St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov 30 - 1863

7 AGE: Years 6.5 Months 3 Days 15 16

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER Adolf Urff

11 BIRTHPLACE OF FATHER (city or town): —

(State or country): Germany

12 MAIDEN NAME OF MOTHER S. Dokes

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Germany

14 Informant: Sophia Dokes

(Address) Edmondson Ave & Monument East

15 Filed: 1929 C. HARRISON JONES, M. D. (Registrar)

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 - 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. disease heart

Contributory (Secondary) Edema Pulmonary

(duration) yrs. mos. ds.

(Signed) W. J. Heuisler M. D.

(Coroner)

Mr. 4 29, 10 (Address) 1039 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

Date of Burial: Feb 20 1929

20 UNDERTAKER: George W. Zirkle

ADDRESS: 737 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

Cox

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43135

CERTIFICATE OF DEATH

161-001

E 43135

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Mount ST. 16-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Cox

(a) RESIDENCE NO. 904 N. Mount ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-18-29

7 AGE — Years | Months | Days | If LESS than 1 day, 14 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Clarence Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville N. C.

12 MAIDEN NAME OF MOTHER Georgiana Bee A. Daniels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Weldon N. C.

Informant Clarence Cox

(Address) 904 N. Mount

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-29

17 I HEREBY CERTIFY, That I attended deceased from 2-18 . 1929 to 2-18 . 1929 that I last saw her alive on 2-18 . 1929 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms Physical Signs

(Signed) John C. J. Cumper, M. D.

2-19 1929 (Address) 724 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 20 1929

20 UNDERTAKER Samuel Chase Sons

ADDRESS Hampden

3-10-29 FRANCIS M. JONES M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

143-003

E 43136

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 904 N. Mount St. 16-2 WARD)

2—FULL NAME Georgia V. Cox

(a) RESIDENCE NO. 904 N. Mount St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clarence Cox

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 25; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Weldon N. C.

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Clarence Cox

(Address) 904 N. Mount

15 FEB 13 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-18-29

17 I HEREBY CERTIFY, That I attended deceased from 2-1-1929 to 2-18-1929 that I last saw h alive on 2-18-1929 and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilatation

(duration) yrs. mns. 1 ds.

CONTRIBUTORY (Secondary): hypertension

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. F. Cronin M. D.

2/11, 1929 (Address) 1724 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore MD

DATE OF BURIAL: Feb 21 1929

20 UNDERTAKER: Chas H. Chase Co

ADDRESS: 1400 Madison

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43137

CERTIFICATE OF DEATH.

74-001

REGISTERED E 43137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2820 Mayfield Av St. 8-45 Ward)

2-FULL NAME Joseph Butkovsky

(a) RESIDENCE NO. 2820 Mayfield St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marie Butkovsky

6 DATE OF BIRTH (month, day, and year): June 16 1876

7 AGE: Years 52 | Months 7 | Days 20 | *IF LESS than 1 day.....hrs. or.....min. 52

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town): Krodec

(State or country): Czecho Slovakia

PARENTS

10 NAME OF FATHER: Joseph Butkovsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Czecho Slovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Czecho Slovakia

14 Informant: Marie Butkovsky

(Address): 2820 Mayfield Av

15 Filed 1929 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16 19 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 19 29 to Feb 16 19 29,

that I last saw h alive on Feb 16 19 29

and that death occurred, on the date stated above, at 12:15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cardiac Dropsy (duration) yrs. mos. 1 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

I saw Signed Walter Ryland, M. D.

Feb 18 29 (Address) 801 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Date of Burial Feb 19 19 29

20 UNDERTAKER: Frank Brachton ADDRESS 1716 Eutaw Pl

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43138 ✓ 90 E 43138 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3515 Hanover St. ST. 25-32 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alice Hafer

(a) RESIDENCE NO. 3515 Hanover St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph Hafer

6 DATE OF BIRTH (month, day, and year) Nov 5, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anna Tabor (Address) 3515 Hanover St

15 Filed 19 1929 G. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 17, 1929, that I last saw h[illegible] alive on Feb 17, 1929 and that death occurred, on the date stated above, at 1:20 p m

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (Duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Koella, M.D.

(Address) 4700 Pennington Ave 7/14 1924

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship — DATE OF BURIAL Feb 22 1929

20 UNDERTAKER Thomas Tabor — ADDRESS 3515 Hanover St

Cor.—12-9-25—A Co.—200 Hks.

E 43139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 ~E 43139

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General [illegible] Ward) 22-30

2-FULL NAME Bell Blueford.

(a) RESIDENCE NO. 105 W. Barre St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 21, 1924.

7 AGE	Years	Months	Days 26	IF LESS than 1 day.....hrs. or.....min.
	4	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 0 D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Blueford.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Alice Wolfram.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Alice Blueford (mother)

(Address) 105 W. Barre St.

15 Filed 2/19 1929 C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd. degree burns about the body.
Playing about a lighted stove.
Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
(Coroner)

2/18, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 105 W. Barre St. Feb. 16, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Feb 19, 1929

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 43140 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5256 Ristertown Rd Ward 24-55

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Robinson

(a) RESIDENCE NO. 5256 Ristertown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A Robinson

6 DATE OF BIRTH (month, day, and year): Dec 12 48

7 AGE: Years 80 Months 2 Days 4 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jesse Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs W M Baker

(Address): 5256 Ristertown Rd

15 Filed FEB 19 1929, 19

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 11 1929, to Feby 17 1929, that I last saw her alive on Feby 17 1929, and that death occurred, on the date stated above, at 3.00 A.M.

The CAUSE OF DEATH* was as follows:

Asthma 5 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia 4 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C R Davis M. D.

Feby 18 1929 (Address) 2108 Brookfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 19 1929

20 UNDERTAKER: W M Routson

ADDRESS: 2215 N Mad

Spec.—1-12-23—M&T—500 Bks.

E 43141

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43141

CERTIFICATE OF DEATH

X 129

1-PLACE OF DEATH The Church Home & Infirmary

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 64 ST. ..... WARD)

2-FULL NAME Mr. Samuel S. Owings

(a) RESIDENCE No. Ellicott City Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a ~~Married,~~ widowed, ~~or divorced~~
~~(or) WIFE of~~ HUSBAND of Eliza Y. W. Owings

6 DATE OF BIRTH (month, day, and year) Dec 11th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Maj John H. Owings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md.

12 MAIDEN NAME OF MOTHER Elizabeth Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Mr. Owens (Address) Ellicott City Md.

15 Filed ..... 19 ..... Registered by C. HARRISON JONES, M. D. Registrar

19 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929. to Feb. 17, 1929.

that I last saw him alive on Feb. 17, 1929

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Ulcer in Compressible Pyl.

Chronic interstitial nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (hernia)

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred R. Landon, M. D.

, 19 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cem Ellicott City	Feb 20th 1929
20 UNDERTAKER Henry Jenkins Sons Co	ADDRESS 39 Fulton & Richard Sts

Spec.—1-10-21—M&T—1500 Bks.

E 43142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Mount ST., 19-27 60 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ollie Hutton Williams

(a) RESIDENCE NO. 217 N Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1 1900

7 AGE — Years: 29 — Months: 1 — Days: 14 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Alberta Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): James Hutton (father) C. Harrison Jones, M. D.

Filed 1929 Dec 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 15, 1929.

that I last saw her alive on Feb 13, 1929,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic Goiter, Marked Tachycardia also mild Grippe

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Young M. D.

2/17 1929 (Address) 1929 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 19. 1929

20 UNDERTAKER: Katie R. Williams

ADDRESS: 322 N Schroeder

Spec.—2-20-28—L. F. S.—500 Bks.

Dr Schenuit 1337 S Charles St

E 43143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43143

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 1433 Battery ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret M Day

(a) RESIDENCE NO. 1433 Battery Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of (Charles C Day)

6 DATE OF BIRTH (month, day, and year) March 12, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John C Krenert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Virginia Stohlmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Charles C Day)

(Address) 1433 Battery Ave

Filed FEB 1 1928 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 18, 1929, that I last saw h alive on Feb 18 1929 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schenuit, M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross N Y (Cemetery)

DATE OF BURIAL 2 20 1929

20 UNDERTAKER

ADDRESS 1215 Druid Park

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Norris 107 E West St

E 43144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43144

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1245 Knox Court ST. WARD

2—FULL NAME John T. Benson

(a) RESIDENCE NO. 1245 Knox Court ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Benson

7 DATE OF BIRTH (month, day, and year) May 3, 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie L. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Bridget Benson

(Address) 1245 Knox Court

Filed ....., 19 .... HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928 to Feb 18, 1929.

that I last saw him alive on Feb. 16, 1929.

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Carcinomatosis - Abdominal

(duration) Don't Know yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 1929.

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination & Inspection on Laparotomy

(Signed) J. Edward Norris M. D.

2-19-1929 (Address) 107 East West St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 2 19 29

20 UNDERTAKER C. W. Cook — ADDRESS 1217 E Pratt St

Spec.—1-10-21—M&T—1500 Bks.

E 43145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43145

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lewis Hospital ST. 3-5 WARD)

2-FULL NAME Graham Cohen

(a) RESIDENCE NO. 1413 Hough St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mns. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) June 18-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Morris Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Chudel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Lewis

(Address) 1429 E. Baltimore St.

15 FEB 19 1929 C. HAMILTON JONES, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 19, 1929, that I last saw him alive on Feb 19, 1929, and that death occurred, on the date stated above, at 2.20 A. m.

The CAUSE OF DEATH* was as follows:

1. Lobar pneumonia IV

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

2 hrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) H. S. Rubinstein, M. D.

2/19/1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lewis Rosedale

DATE OF BURIAL 2-19- 1929

UNDERTAKER

ADDRESS Jack Lewis, 1429 E Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

166

E 43146

CERTIFICATE OF DEATH.

REGISTERED NO. E 43146

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp Ward) St 5-8

2-FULL NAME Marie Rod

(a) RESIDENCE NO. 1132 Comet St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Houswife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ~~Private labour~~

9 BIRTHPLACE (city or town) S C

(State or country)

PARENTS

10 NAME OF FATHER A Wilson

11 BIRTHPLACE OF FATHER (city or town) S C

(State or country)

12 MAIDEN NAME OF MOTHER Rue Brown

13 BIRTHPLACE OF MOTHER (city or town) S C

(State or country)

14 Informant S. E. Caffey

(Address) 212 N. 14th

Filed 1-9-1926 H. EMERSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, and that said deceased came to death (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Injured by victoria de
Automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. ds.

(Signed) H. T. Kelly M. D.

(Coroner)

(Address) 1657 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Oct. 19, 1925

20 UNDERTAKER Mrs. R. C. Elliott ADDRESS 1725 Ashland Ave

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43147

CERTIFICATE OF DEATH

129 E 43147

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3205 Eastern Ave 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME [redacted] Peter Keiser

(a) RESIDENCE NO. 3205 Eastern Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Keiser

7 DATE OF BIRTH (month, day, and year): Sept 6-1852

8 AGE: Years 76 Months 5 Days 8 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Sebastian Keiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Florence Mozart

(Address) 3205 Eastern Ave

Filed ....., 19.... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 17-1929

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, to Feb. 17, 1929

that I last saw h[illegible] alive on Feb. 16, 1929

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

General Debility.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Not Confirmed

(Signed) T. Joseph Tooley, M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: 2/20 1929

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43148

CERTIFICATE OF DEATH.

101-021

E 43148

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 17-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patsy Neal

(a) RESIDENCE NO. 519 W Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 63 — Months — Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer): 67

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Geo. Neal.

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Betsie

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Helen Brown

(Address) 1128 Argyle Ave

15 Filed ....19.... HAMILTON D. WILLIAMS, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. one ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

Feb 16 1929 (Signed) H. Leo Kirk M. D. (Coroner) (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 2/19 1929

20 UNDERTAKER: Samuel Hemsley ADDRESS 519 Biddle

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43149

CERTIFICATE OF DEATH.

E 43149

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 1st 11-24 Ward)

REGISTERED NO. 001-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Brooks

(a) RESIDENCE NO. 1519 Berard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brooks

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years 39 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Joe Batty

11 BIRTHPLACE OF FATHER (city or town) Towson

(State or country)

12 MAIDEN NAME OF MOTHER Amanda Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W Va

14 Informant Amanda Batty

(Address) 1514 Berard

FEB 19 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Link M. D.

Feb 16 1929 (Date) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents:)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 2/19 1929

20 UNDERTAKER Samuel Weinsley & Eddie ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43150

1-PLACE OF DEATH

City of BALTIMORE: (No. 2124 Druid Hill St. 14-20 Ward 101-001

2-FULL NAME Wm A. Holland

(a) RESIDENCE NO. 2124 Druid Hill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

E 43150

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Nov 15-1883

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
45	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Montgomery Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Edw Holland

11 BIRTHPLACE OF FATHER (City or town): Montgomery Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town): Montgomery Co

(State or country): Md

14

Informant: Maud Williams

(Address): 2124 Druid Hill

FEB 15 1929 HARRY JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Address) Coroner N.W Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cem Date of Burial 2/19 1929

20 UNDERTAKER: Samuel Wensley ADDRESS 1715 Eden

Spec.—2-29-28—L. F. S.—500 Bks.

E 43151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 43151

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 425 ST., WARD)

2—FULL NAME Charles Mitchell

(a) RESIDENCE NO. 405 N Typon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 1890

AGE 38 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Ice Co

9 BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Charles Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed 19 Harry [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-29

17 I HEREBY CERTIFY, That I attended deceased from 2-3 19 29 to 2-15 19 29 that I last saw him alive on 2-5 19 29 and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial nephritis

Contributory unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Was an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symp. & Laboratory

(Signed) H. W. Yeth, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 3/19 29

20 UNDERTAKER: Samuel Hensley & Son

ADDRESS: 5378 Belair

Spec.—1-12-23—M&T—500 Bks.

E 43152 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43152

CERTIFICATE OF DEATH

14-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 14-59 (WARD)

2-FULL NAME Martha Carter

(a) RESIDENCE No. 325 Woodlawn rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Color

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE 50 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cassandra

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Overseer BALTIMORE CITY HOSPITALS [redacted]

15 Filed FEB 19 1929 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-22 1929 to 2-17 1929 that I last saw him alive on 2-17 1929 and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

19 BALTIMORE CITY HOSPITALS [redacted]

*State the Disease causing death, or in deaths from violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 2/19/29

18 UNDERTAKER Samuel Kemsley

ADDRESS 528 Eden

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43153

CERTIFICATE OF DEATH

E 43153

1—PLACE OF DEATH

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 704 Cider Alley WARD) 16

2—FULL NAME John Thomas

(a) RESIDENCE NO. 704 Cider Alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1892

AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Martha Thomas

(Address) 704 Cider Alley

Filed FEB 15 1929 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/29

17 I HEREBY CERTIFY, That I attended deceased from 2/7, 1929, to 2/15, 1929, that I last saw h alive on 2/13, 1929 and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Pulmonary Tbc

Cavity (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Recurrent Bronchitis

(Pulmonary Type) (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical - microscopic

(Signed) G. Hampton Jones M. D.

2/19/29 (Address) 908 Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 2/19/29

UNDERTAKER: Samuel Hemsley ADDRESS: 928 E. Eden

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43154

CERTIFICATE OF DEATH.

70 E 43154

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Brown

(a) RESIDENCE NO. 1607 Millison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lois Brown

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records (Address)

15 Filed , 19 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1927, to Feb 15, 1927, that I last saw h alive on Feb 15, 1927, and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

Emphysema Lobis

(duration) yrs mos 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes What test confirmed diagnosis? Clinical + Autopsy

(Signed) M B Hendrix, M. D.

, 19 Address St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL FL 19 27

20 UNDERTAKER Reynolds Ruth

ADDRESS

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Hospital Records
(Address)

15 Filed FEB 10 1929 19 HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Feb 19 1929

20 UNDERTAKER George J. Puth — ADDRESS 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43155

CERTIFICATE OF DEATH

9 E 43155

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 6-17 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Trovato

(a) RESIDENCE NO. 1601 E. Federal St- ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 26, 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	22 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Joseph Trovato

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Thomas Trovato

(Address) 1601 E. Federal St-

Filed FEB 10 1929 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to Feb 17, 1929, that I last saw h[illegible] alive on Feb 17, 1929, and that death occurred, on the date stated above, at 3 40 p.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Convulsions - probably due to Cerebral Hemorrhage (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

2/18, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL 2/20/29

20 UNDERTAKER George J. Puth — ADDRESS 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Tillbery

E 43156 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 43156

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1211 Battery ave St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Madeline mary Tillbery

(a) RESIDENCE NO. 1211 Battery ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Tillbery

DATE OF BIRTH (month, day, and year) Aug 18th 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George Vogelsang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Lycett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Francis L. Tillbery.

(Address) 1211 Battery ave

Filed FEB 19 1929 H. Emmett Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.18.29.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1928 to 2.18. 1929

that I last saw her alive on 2.18. 1929

and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris, M. D.

2.19.29 (Address) 107 East Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/22 1929
UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43157

CERTIFICATE OF DEATH

23 E 43157

1—PLACE OF DEATH Md. Gen Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 2331 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Bernadine Beck

(a) RESIDENCE NO. 1407 Hanover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Henry Elmer Rice Beck

DATE OF BIRTH (month, day, and year) Nov 13-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Wife

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Silverspring Md

10 NAME OF FATHER William Fawcett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Silverspring Md.

12 MAIDEN NAME OF MOTHER Rebecca Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinsburg West Va

Informant Hospital Record

(Address)

Filed FEB 19 1929 C. HAMPTON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-29

17

I HEREBY CERTIFY, That I attended deceased from 2-5 ——, 1929 to 2-19 ——, 1929

that I last saw her alive on 2-19 ——, 1929

and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 2-12-29

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jno A Sampson M. D.

2-18, 19 (Address) 1 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co. Md. Mt Pleasant Cemetery

DATE OF BURIAL Feby 21 1929.

20 UNDERTAKER C. M. Watts

ADDRESS Ellicott City, Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 43158

REGISTERED NO. 21-59

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Hoppe (Baby)

(a) RESIDENCE NO. 1133 Sargent ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 15 1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George Hoppe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Diedemyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Father

(Address) 1133 Sargent St Baltimore

C. HAMPSON JONES, M. D.
Registrar

FEB 9 1929 Rec.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 9th 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19 28 to 2/11 19 29

that I last saw h[illegible] alive on 2/11 19 29

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Lewis P. Gundry M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Angel Hill Cem (Harwood Md.) DATE OF BURIAL Feby 20th 1929

20 UNDERTAKER John J Cowan & Son ADDRESS Govanstown Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 43159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 43159

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 27-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Gregory

(a) RESIDENCE NO. 35 E. Montgomery st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory work

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Elmer Gregory

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Hall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 2-20, 1929 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1929, to Feb. 18, 1929,

that I last saw her alive on Feb. 18, 1929

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C. Smith, M. D.

2-18, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Md Memorial Park	Feb 20, 1929
20 UNDERTAKER	ADDRESS
A. Howard Evans	35 E Montgomery

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43160 E 43160

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1644 Abbott ST. 713 (WARD)

2-FULL NAME Emily Hart

(a) RESIDENCE NO. 1644 abbott st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of G. W. Hart

6 DATE OF BIRTH (month, day, and year) Nov. ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs	56	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joe Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Louise Jordan

(Address) 1644 abbott St

15 Filed 9 1929, 19 C. HAMPTON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb. 18, 1929, that I last saw h[illegible] alive on Feb 18 1929, and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Undetermined) (duration) 1? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. myocarditis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory + physical

(Signed) Calvin B. DeCompton, M. D.

, 19 (Address) 814 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sonsia Co 2 ce

DATE OF BURIAL Feb 20 1929

20 UNDERTAKER Robert J. Williams

ADDRESS 1515 N Eden St

Spec.—1-10-21—M&T—1500 Bks.

E 43161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 43161

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Slater

(a) RESIDENCE No. 1108 S - Kenwood ST. Asy -WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/16/29

7 AGE — Years | Months | Days | If LESS than 1 day 17 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Helen Hazel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Reads -
(Address)

15 Filed 19 1929 . 19 C. HAMPSON JONES, M. D. Commissioner of Health.
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to Feb. 17, 1929, that I last saw her alive on Feb 17, 1929, and that death occurred, on the date stated above, at 10.35 P m.

The CAUSE OF DEATH* was as follows:

Acrania - Congenital malformation.

(duration) ... yrs. 12 hrs. mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes. Stab autopsied.

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 19 1929

20 UNDERTAKER

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 43162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43162

CERTIFICATE OF DEATH

101-001

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-14 ST., WARD)

2—FULL NAME Judge Melvin

(a) RESIDENCE NO. 1215 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE: 44 Years | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C

10 NAME OF FATHER: Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C

Informant: Patient

(Address) BALTIMORE CITY HOSPITALS

Filed 19 C. HAMPSON JONES, M. D. Registrar

FEB 9 1929 — 3273

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-15-29

17 I HEREBY CERTIFY, That I attended deceased from 1-30 . 1929 . to 2-15 . 1929

that I last saw h[illegible] alive on 2-15 . 1929

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. [illegible] Mach, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health. — ADDRESS FEB 19 1929

Dep. Reg. S. WEGRALL

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43163 E 43163

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-37 ST., WARD)

2-FULL NAME Isreal Williams

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or (1) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: 70 Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Celia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address) Records BALTIMORE CITY HOSPITALS [redacted]

15 Filed 9-1929, 19 ..... C. HARRISON JONES, M.D. Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 12 1929

17 I HEREBY CERTIFY, That I attended deceased from 1 - 19, 1929, to 2 - 12, 1929, that I last saw him alive on 2 - 12, 1929, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. myocarditis, Hemiplegia, Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Official Exam

(Signed) W. M. Hurd M. D.

19 BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

FEB 19 1929

For Wm E WOODALL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43164

CERTIFICATE OF DEATH.

84 E 43164

1-PLACE OF DEATH

City of BALTIMORE: (No. 1115 S. Paca St. 21-29 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Coursey

(a) RESIDENCE NO. 1115 S. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Coursey

6 DATE OF BIRTH (month, day, and year) March 8, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Carnegie Steel Co.

9 BIRTHPLACE (city or town) Prince George County

(State or country) Maryland

PARENTS

10 NAME OF FATHER James H. Coursey

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Higgins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mr. William C. Coursey

(Address) 820 Burgundy St.

15 Filed 9 1929 C. HAMPSON JONES, M. D. Registrar

Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1929 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Zeller, M. D. (Coroner)

2/18 19 29. (Address) 2739 Eastern Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	Feb. 20 19 29

20 UNDERTAKER Forrest Cook ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43165

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-601

E 43165

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Jefferson ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Otto

(a) RESIDENCE NO. 2813 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie E. Otto

6 DATE OF BIRTH (month, day, and year) July 3/79

7 AGE: Years 49 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie E. Otto

(Address) 2813 Jefferson St.

15 Filed 9 1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 18, 1929, that I last saw h[illegible] alive on Feb. 18, 1929 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial-Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke, M. D.

Feb. 19, 1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 2/21 1929

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74001

E 43166

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3302 Richmond Ave ST., 8-45 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robt. H. Busick

(a) RESIDENCE NO. 3302 Richmond Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ late Minette Busick

6 DATE OF BIRTH (month, day, and year): Sept 17 52

7 AGE — Years: 76 | Months: 5 | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Police 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Robt. Busick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Robt H. Busick Jr.

(Address) 3302 Richmond Ave

15 Filed ..., 19 C. HAMPSON JONES, M.D. Registrar

91929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/18/29

17 I HEREBY CERTIFY, That I attended deceased from June 11, 19 29, to Feb 18, 19 29.

That I last saw him alive on Feb 17 1929

and that death occurred, on the date stated above, at 5 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) ~~(duration)~~ yrs. mos. 9 ds.

Arterial sclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. D. Veitch M. D.

Feb 14 19 29 (Address) 436 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Balto Cem

DATE OF BURIAL: Feb 19 29

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43167

CERTIFICATE OF DEATH

31 E 43167

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 6-11 WARD)

2—FULL NAME Susie Robertson

(a) RESIDENCE NO. 2800 E. Baltimore st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 048

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Langley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Langley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Date received 19 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Feb. 19, 1929, that I last saw her alive on Feb. 19, 1929 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry Smith, M. D.

2-19, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Feb. 20 1929
20 UNDERTAKER	ADDRESS
Wm. C. Block	927 N. Broadway

Cor.—12-9-25—A Co.—200 Blks.

Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43168

CERTIFICATE OF DEATH. 51

E 43168

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital 10-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida B. Hall

(a) RESIDENCE NO. 1110 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: black

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1922

7 AGE: Years 7; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): S.C.

PARENTS

10 NAME OF FATHER Robt. Hall

11 BIRTHPLACE OF FATHER (city or town)

(State or country): S.C.

12 MAIDEN NAME OF MOTHER Carrie Tiffray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): S.C.

14 Informant: Robt. Hall

(Address): 1110 W. Lexington St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Rpt

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Pan Carditis

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulm. Infarcts

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hall M. D.

(Coroner)

2/18/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chester S C

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cheplin S. C. Date of Burial: 2-19 1929

20 UNDERTAKER: Daniel Carey ADDRESS 916 E 6th

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43169

CERTIFICATE OF DEATH

151 ✓

E 43169

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 505 Stricker ST., 21-29 WARD)

2—FULL NAME Virginia Carter

(a) RESIDENCE NO. 505 Stricker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE: 37 | Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Smelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Lee

(Address) 505 Stricker

15 Filed 9-1929 C. HAMPSON JONES, M. D. Registrar

Dea 1169

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/29

17 I HEREBY CERTIFY, That I attended deceased from 2/12/29, 19 29, to 2/17/29, 19 29 that I last saw her alive on 2/17/29, 19 29 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Raynauds disease

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gangrene of foot. Leg

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Dean, M. D.

19 (Address) 1317 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-20 1929

20 UNDERTAKER Stanley Easton ADDRESS 916 Bond

Spec.—2-29-28—L. F. S.—500 Bks.

Pettelson 817 Hamilton Terrace

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43170 — CERTIFICATE OF DEATH — 129 — E 43170

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Port ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen J Waterworth

(a) RESIDENCE NO. 822 Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Waterworth

6 DATE OF BIRTH (month, day, and year): June 16. 1841

7 AGE: Years 87 | Months 8 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Robert C Waterworth

(Address) 812 Lancaster St

Filed 19 1929 — 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8. 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 30. 1928. to Feby. 18. 1929.

that I last saw her alive on Feb 17 1929

and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettelson, M. D.

19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 2/20 1929

20 UNDERTAKER: J. M. Cook — ADDRESS: 12½ Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43171

CERTIFICATE OF DEATH.

31

E 43171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1031 Wood Heights Ave ST. 27 WARD 55

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Rickes, Jr.

(a) RESIDENCE NO. 1031 Woodheights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen A. Rickes

6 DATE OF BIRTH (month, day, and year) Aug. 22-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John A. Rickes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie F. Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Helen A. Rickes

(Address) 1031 Wood Heights Ave

15 Filed 2-19-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb. 17, 1929.

that I last saw him alive on Feb 16. 1929

and that death occurred, on the date stated above, at 6:50 a; m

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sx.

(Signed) James S. Ashcraft, M. D.

2-17-29 (Address) 1012 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL Feb. 20 1929.

20 UNDERTAKER Horace A. Burgee ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

Leroy Reeve ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43172

CERTIFICATE OF DEATH

135 E 43172

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp ST., 18-76 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leroy Reeve

(a) RESIDENCE NO. 1516 Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible] Reeve.

7 DATE OF BIRTH (month, day, and year): 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: John. [illegible] Reeve.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Annie Fallen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Lloyd Reeve

(Address) 1516 Fremont Ave

Filed 9 1929 By [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/17/29

17 I HEREBY CERTIFY, That I attended deceased from 2/14 '29 to 2/17 '29

that I last saw h[illegible] alive on 2/17 '29

and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial Type

Pleurisy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. M. Stock, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evans wife Northumberland Co Va

DATE OF BURIAL: Feb 20 1929

20 UNDERTAKER: E. Thomas. E. Kelaun

ADDRESS: 1303 Presstman St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43173

CERTIFICATE OF DEATH

60-002

E 43173

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Room 413 ST., 7-12 WARD)

2—FULL NAME Elizabeth Kaemmer

(a) RESIDENCE NO. 5400 N. Monticello ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Emma Pfeifer

(Address) 500 N. Monticello Ave

Filed Feb 20 1929 H. SAMUEL JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 29

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-18, 1929, that I last saw h[illegible] alive on 2-18, 1929 and that death occurred, on the date stated above, at 9:45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Not Known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation for thyroid. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-8-29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Dugan H. Roberts M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Feb 20 1929
20 UNDERTAKER Chas E Miller & Son	ADDRESS 2330 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43174

CERTIFICATE OF DEATH

E 43174

11-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 S. Newkirk ST., 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph P. Mewshaw

(a) RESIDENCE NO. 640 S. Newkirk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 6, 1903

7 AGE: Years 25 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electric Welder

(b) General natuce of industry, business, or establishment in which employed (or employer): Standard Oil

(c) Name of employec

9 BIRTHPLACE (city or town) (State or country): Balto, md

10 NAME OF FATHER: Joseph A. Mewshaw

11 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co md.

12 MAIDEN NAME OF MOTHER: Margaret Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, md.

14 Informant: Joseph A. Mewshaw

(Address) 640 S. Newkirk

15 Filed 9-1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 17, 1929,

that I last saw h alive on Feb 17, 1929

and that death occurred, on the date stated above, at 2-30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza c lt lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary edema and cardiac failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Hoshlenger, M. D.

Feb 18, 1929 (Address) 3034 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Harford Rd.

DATE OF BURIAL: 2-20 1929

20 UNDERTAKER: Margaret G. Feyne

ADDRESS: 1522 Light

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43175

CERTIFICATE OF DEATH

31 ✓ E 43175

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Hanover ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William A. Larkins

(a) RESIDENCE NO. 1212 Hanover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernadette Larkins

6 DATE OF BIRTH (month, day, and year) June 20 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Wm. Larkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Lewis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Mary Lewis Larkins

(Address) 1212 Hanover St.

15 Filed 2 9 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1927, to Feb 18, 1929, that I last saw h alive on Feb 16, 1929 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis and fatty acute dilatation

Myocarditis Primary duration - Acute dilatation a few hours. (duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 20 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E S Hayward, M. D.

, 19 (Address) 1129 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/21 1929
20 UNDERTAKER Margaret D. Flynn	ADDRESS 1122 Light St.

Spec.—1-10-21—M&T—1500 Bks.

(Gadsby)

25-02

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43176

CERTIFICATE OF DEATH.

74-001

E 43176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund Gadsby

(a) RESIDENCE No. 3129 Green Lane, Belair, Pa. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Eva B. Gadsby

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Edmund Gadsby

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Edna Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Estate (Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Febry 15, 1929, to Feb-19, 1929, that I last saw h~~im~~ alive on Feb-19, 1929, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cerebellar hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Febr 18

Was there an autopsy? yes Cerebellar Hemorrhage

What test confirmed diagnosis?

(Signed) J. Ridgeway Trimble M. D.

Address Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Germantown Pa — DATE OF BURIAL: Feby 20 1929

UNDERTAKER: John O Mitchell Sons — ADDRESS: 19 So. Eutaw Pl.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43177

CERTIFICATE OF DEATH.

E 43177

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 27-48 Ward)

2-FULL NAME Mary Marguerite Griffith

(a) RESIDENCE NO. Hollins Road & Lake Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frederick J. Griffith

6 DATE OF BIRTH (month, day, and year) Mar 26/1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Perry G. Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Julia Ann Cross

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Dr. Leslie N. Gay

(Address) Hollins Rd & Lake Ave

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/29 1902

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Inquiry death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

2/19/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial New Cathedral Cem Feby 20 29.

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

E 43178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43178

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. 19-27 Ward) Registered No. C 186

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Hill,

(Residence in Baltimore: No. 438 S. Gilmor St., St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	~~Married~~

6-DATE OF BIRTH. January 3, 1902
(Month) (Day) (Year)

7-AGE. 27 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer). Balto. City Fire Dept.

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. ~~H~~ Michael Hill

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Anna Daugherty

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanch A. Hill,

(Address) 438 S. Gilmor St.

15- 20 1929 C. HARRY JONES, M. D.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 17th 1929
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull, Struck by a Belt Car causing Hemorrhage through Brain (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)
2/18/29 (Address) 362 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	Feb. 28, 1929

20-UNDERTAKER.	ADDRESS.
E. Leroy Stiffler	125 E. North Ave.

Spec.—1-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43179
1—PLACE OF DEATH

CERTIFICATE OF DEATH

REGISTERED NO. E 43179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Charles Apartment ST. (WARD) 12-49

2—FULL NAME Emma File

(a) RESIDENCE NO. Charles Apartment ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Alcazar Hotel

9 BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

10 NAME OF FATHER Noah File

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Florence Hooker

(Address) Charles Apartment

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 19 27, to Feb 19, 19 29

that I last saw her alive on May 27, 19 29

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Florence M Hooker, M. D.

2/20, 19 29 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury, Pa

DATE OF BURIAL 2/20 19 29

20 UNDERTAKER J. W. Cook

ADDRESS 1217 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43180

CERTIFICATE OF DEATH

E 43180

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 134 N Washington ST. 6-9 WARD)

2—FULL NAME George Rumbel

(a) RESIDENCE NO. 134 N Washington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Rumbel

6 DATE OF BIRTH (month, day, and year): Feb 9 1846

7 AGE: Years 83 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: George Rumbel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Buss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Beckel

(Address) 134 N Washington St

15 Filed Feb 20, 1925 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1924 to Feb 18, 1924 that I last saw h[illegible] alive on Feb 18, 1924 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Cerebral Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas J Templar, M. D.

2/19, 1924 (Address) 700 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamar

DATE OF BURIAL: 2/21 1924

20 UNDERTAKER: W. Cook

ADDRESS: 1219 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

43181

Berelowitz

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Home for Incurables

179 E 43181

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 2100 E. Baltimore St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Delavitt

(a) RESIDENCE NO. 2100 E. Balto Street WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Esther Delavitt

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 78 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Freyer Delavitt

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant: Sarah Freedman

(Address) 606 S. Short

15 Filed B 26 1929 WILLIAM R. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-19-29

17 I HEREBY CERTIFY, That I attended deceased from Jan, 19 26, to Feb 19 29

that I last saw h[illegible] alive on Feb 18, 19 29

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

A. nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 1806 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington — DATE OF BURIAL: 2/20 19 29

20 UNDERTAKER: Jack Levis — ADDRESS: 1439 E. Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43182
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 43182
REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wissner

(a) RESIDENCE NO. 3304 Mueller St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Wissner

6 DATE OF BIRTH (month, day, and year) Sept 25/1871

7 AGE	Years	Months	Days 23	IF LESS than 1 day.....hrs. or.....min.
	57	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Court House

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Wissner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jennie Wissner

(Address) 3304 Mueller St

15 Filed FEB 20 1929 C. Hampson Jones M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19th 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Neparitis (Uremia)

(duration) 0 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. 3 ds.

(Signed) J. H. Watts M. D.
(Coroner)

2/19/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Date of Burial Feb. 21 1929

20 UNDERTAKER Jos. J. Derr ADDRESS 156 N. Luzerne

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43183

CERTIFICATE OF DEATH

101-001

E 43183

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5219 Springlake Way ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Josephine Macdonald

(a) RESIDENCE NO. 5219 Springlake Way ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert W. Macdonald

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER Rittenhouse Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary E. Mackey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Miss Katharine I. Macdonald

(Address) 5219 Springlake Way

15 Filed 2 0 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 17, 1929, that I last saw her alive on Feb 17, 1929 and that death occurred, on the date stated above, at 6 1/2 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Chas F Block, M. D.

2/6 1929 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	2/20 19 29
20 UNDERTAKER Henry U Mears & Son	ADDRESS 805 W Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43184

CERTIFICATE OF DEATH.

31

E 43184

1-PLACE OF DEATH

City of BALTIMORE: (No. 3031 Annual Ave St., 16-67 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Doris Schwartz.

(a) Residence No. 3031 Annual Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 5 1928

7-AGE. yrs. 5 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo E Schwartz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Rhea Spiel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md.

14- (Informant) Geo E Schwartz

(Address) 3031 Annual Ave

15- Filed 3 20 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-19-29

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1928 to Feb 19 1929

that I last saw h... alive on Sept 18 1928

and that death occurred, on the date stated above, at 9 16 A M

The CAUSE OF DEATH* was as follows: Tuberculosis (Pulmonary)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X ray

3/19/29 (Signed) Dr. Clark, M. D.

(Address) 836 W Mont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park

DATE OF BURIAL, 3-20 1929

20-UNDERTAKER, Mrs Chas A G Rohde

ADDRESS 2327 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43185

CERTIFICATE OF DEATH.

E 43185

101-91

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Baker St. 15-21 Ward)

2-FULL NAME Oliver Jackson

(a) RESIDENCE NO. 1624 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Aug 17 1928

7 AGE: Years | Months: 6 | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Albert Jackson

11 BIRTHPLACE OF FATHER (city or town): Belair

(State or country): Md

12 MAIDEN NAME OF MOTHER: Nellie Diggs

13 BIRTHPLACE OF MOTHER (city or town): Charlestown

(State or country): Md

14 Informant: Nellie Jackson

(Address): 1624 Baker

Feb 29 1929 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Feb 18 1929 (Signed) H. Leech (Coroner) M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Feb 20 1929

20 UNDERTAKER: Virginia A Brooks ADDRESS 1463 N. Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43186

CERTIFICATE OF DEATH.

31 E 43186

1-PLACE OF DEATH

REGISTERED NO. 26-42

City of BALTIMORE: (No. 4312 Annatana St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W. Cadden

(a) RESIDENCE NO. 4312 Annatana Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5/1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	03	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City Park Board

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Daniel W. Cadden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Catherine Kirby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Thomas M. Cadden

(Address) 4312 Annatana Ave

Filed FEB 20 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 16/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Cotton M. D.
(Coroner)

2/20/29 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemtry Date of Burial Feb. 21, 1929

20 UNDERTAKER John A. Moan ADDRESS 3000 E. Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43187

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W Pratt ST. 18-24 WARD)

2—FULL NAME Martha Maroney

(a) RESIDENCE NO. 1204 W Pratt ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Edward Maroney

7 DATE OF BIRTH (month, day, and year) Aug 14 1863

8 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Washington D C

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington

14 Informant Mr Geo Nicholson

(Address) 1204 W Pratt St

FEB 20 1929 FRANK J. JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from 1/ , 19 , to 2/19/29 19 ,

that I last saw h alive on 2/19/29 19

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Interval (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Curry, M. D.

2/19/1929 (Address) 910 N. Carlton

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Feby 22 1929

20 UNDERTAKER John J Coone & Son

ADDRESS 901 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43188 — **CERTIFICATE OF DEATH** — 129 — **E 43188**

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 E Chester St 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine M. Schaut

(a) RESIDENCE NO. 442 E Chester St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) May 17th 1899.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical work

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Hockschild Kohn & Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jacob F. Schaut

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mr Jacob F. Schaut
(Address)

Filed FEB 29 1929 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18th 1929.

17 I HEREBY CERTIFY, That I attended deceased from ..., 1927, to Feb 18, 1929, that I last saw h[e] alive on Feb 18, 1929 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
Chr Myocarditis — Chr Endocarditis
Chr Gastr. Nephritis
Acidosis & Asthenia

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. H. Bishop, M. D.

Feb 19, 1929 (Address) 501 Sheridan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Feby 21 1929
20 UNDERTAKER	ADDRESS
Chas H. Cowan & Son	Govanstown

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43189

CERTIFICATE OF DEATH

90

E 43189

REGISTERED NO.

1—PLACE OF DEATH 22 Joseph Hospital

CITY OF BALTIMORE: (No.) Caroline & Orleans ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick Collins

(a) RESIDENCE NO. 522 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Book-keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Patrick Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Stapleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thos E Barrett

(Address) 2007 St Paul St

15 FILED ... 19 ... Registrar

FEB 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-29

17 I HEREBY CERTIFY, That I attended deceased from 1-12-29, 19..., to 2-19-29, 19...

that I last saw him alive on 2-19-29, 19...

and that death occurred, on the date stated above, at 10¼ m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Hypostasis
Arteriosclerosis

CONTRIBUTORY (Secondary) (duration) 10 yrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 1-26-29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W B Hamilton M. D.

19 29 (Address) Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/21 19 29

20 UNDERTAKER Chas. H. Grave & Son

ADDRESS 1180 N. Royal

Spec.—1-10-21—M&T—1500 Blks.

43190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43190

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Mt. Royal ave ST. 11-24 WARD)

2-FULL NAME Alice M Gray

(a) RESIDENCE NO. 1210 Mt Royal ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tyler Gray

6 DATE OF BIRTH (month, day, and year) June 16. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Allen Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Allen Hamilton
(Address) 1210 Mt Royal ave

15 FEB 20 1929 H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1928, to Feby 19 1929, that I last saw h[illegible] alive on Feby 18 1929, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Myocarditis

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary) Cer Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Gamble M. D.

, 19 (Address) 1210 Mt Royal ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Feb 21 1929

20 UNDERTAKER John B Spence ADDRESS 1325 N Carlton

Spec.–7-17-26—A Co.—200 Bks.

E 43191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 47 E 43191

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 4-30 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Theresa Renna

(a) RESIDENCE NO. Ellicott City, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Uncertain

7 AGE: Years 63 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER James Lennin

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mc Kenny

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Wm. Renna

(Address) Ellicott City Md.

15 Filed B 29 1929 C. H. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/29 19

17 I HEREBY CERTIFY, That I attended deceased from 12/27/28 19 to 2/20/29 19

that I last saw he alive on 2/20/29 19

and that death occurred, on the date stated above, at 3 am m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Rt Breast

(duration) 2 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Aug 1927

Was there an autopsy?

What test confirmed diagnosis? Microscopic

(Signed) J. S. Winslow, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Normal Co St. Mary Cem

Date of Burial 2/23 19 29

18 UNDERTAKER Easton Son

ADDRESS Ellicott City

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43192

CERTIFICATE OF DEATH.

90 ✓ **E 43192**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Enroute St. Joseph Hospital St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ike Gerber

(a) RESIDENCE NO. 1905 E. Chase St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarrah Gerber

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Max Gerber

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Mollie -----

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Sol Levison & Bros

(Address): 1125 E. Balto. St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. A. Price M. D.

(Coroner)

2/20/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: Feb 20 1929

20 UNDERTAKER: L Levinson Bro — ADDRESS 1127 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43193

CERTIFICATE OF DEATH

5 E 43193

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST., 13-57 WARD)

2—FULL NAME Max Sussman

(a) RESIDENCE NO. 2217 Bryant Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White Jewish.	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

3 DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33.			

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

7 BIRTHPLACE (city or town) (State or country) Russia.

10 NAME OF FATHER Paul Sussman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Katie Kurnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Patient.

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1929, to Feb. 19, 1929, that I last saw h/i alive on Feb. 19, 1929, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchs-Pneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. F. Tinbach, M. D.

2/19, 1929 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rodeving Assn	Feb 20, 29
20 UNDERTAKER Sol Gloinson & Bro	ADDRESS 112 E Balto st.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43194

CERTIFICATE OF DEATH.

E 43194

1-PLACE OF DEATH

City of BALTIMORE, No. Balto. City Hospitals St. (If not in hospital, Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Hawkins

(a) RESIDENCE NO. 209 Camel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 29 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or Town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Joshua J. Hawkins

11 BIRTHPLACE OF FATHER (City or Town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Jones

13 BIRTHPLACE OF MOTHER (City or town): Norfolk

(State or country): Va

14 Informant: Chas Hawkins

(Address): 209 Camel St.

15 Filed 1929 A. M. Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Larkin M. D.
(Coroner)

219, 1929 (Address) 700 E Chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 209 Camel St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 2/19 1929

20 UNDERTAKER: Samuel Hemsley ADDRESS 508 Eden

B 20 1929

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43195

CERTIFICATE OF DEATH

129

E 43195

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 St Mary's ST., 17-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Harrison

(a) RESIDENCE NO. 502 St Mary's ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 58 (54) | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): (037)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Henry Snead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ford

12 MAIDEN NAME OF MOTHER: Edith Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Daisy Harrison

(Address) 502 St Mary's St

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 — 29

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1924, to 2/17, 1929.

that I last saw h— alive on 2/16, 1929

and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Cardiac Dropsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Feb 21, 1929 (Address) 2137 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 2/20 29

20 UNDERTAKER: Samuel L. Beasley

ADDRESS: 581 Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43196

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. W-4-30 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addison Stewart

(a) RESIDENCE NO. 1421 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Henry Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Hannah?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Hospital Records

(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-29

17 I HEREBY CERTIFY, That I attended deceased from 8-30, 1928, to 2-16, 1929, that I last saw h (M) alive on 2-16, 1929 and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

(b) Hypostatic Pneumonia

(c)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) E. W. Stark M. D.

, 19 (Address) Bal. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 21 1929

20 UNDERTAKER: Wm. Geo. H. Holland

ADDRESS: 1631 Druid

Spec.—1-10-21—M&T—1500 Blks.

E 43197 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 43197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 N Eden St. 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Newsome

(a) RESIDENCE NO. 517 N Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of Rachael Newsome

6 DATE OF BIRTH (month, day, and year) — — 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Central Foundry Va

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Geo Newsome

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Adaline Harcum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rachael Newsome (Wife)

(Address) 517 N Eden st

15 Filed FEB 20 1929 C. HARRY ROBERTS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to Feb 18, 1929, that I last saw h[illegible] alive on Feb 18, 1929, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gosling M. D.

2/19 1929 (Address) 1729 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 2-21 1929

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

Spec.—2-29-28—L. F. S.—500 Bks.

Postle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43198

CERTIFICATE OF DEATH

x 11-09

E 43198

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Emerson Hut ST., 7-12 WARD)

2—FULL NAME Elmer Postle

(a) RESIDENCE NO. 2516 E. Madison ST., WARD Chicago Ill.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer Weston Electric Co.

BIRTHPLACE (city or town) (State or country) Chicago, Ill.

10 NAME OF FATHER Chas. Postle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Mary Krad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Roy G. Postle

(Address) 99 Cedar Ave. Forest Park, Ill.

15 [illegible] Registrar

FEB 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to Feb. 20, 1929.

that I last saw him alive on Feb. 20, 1929

and that death occurred, on the date stated above, at 2:50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bryan N. Postle, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ill	Feb 20 1929

20 UNDERTAKER Frank Gorek Son ADDRESS 1616 N Wood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 43199 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 43199

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-72 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Dick

(a) RESIDENCE No. 719 Pinetree Pl. Washington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Dick

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 67 | Months — | Days — | If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Dick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Belle Schwietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sam. Kingman (Address) 4309-2nd St. N. W. Washington D.C.

15 Filed 20 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-20 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-12-, 1929, to 2-20, 1929, that I last saw him alive on 2-20, 1929, and that death occurred, on the date stated above, at 9:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) peritonitis, acute diffuse

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Feb 15, 1929

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) A. W. O'Brien, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C. DATE OF BURIAL 2/20 1929

20 UNDERTAKER: Jack Lewis ADDRESS 1439 F St NW

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43200

CERTIFICATE OF DEATH.

X 183 E 43200

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward 24 33

2-FULL NAME Charles Herbert Zilka.

(a) RESIDENCE NO. Earleigh Heights, A. A. Co. Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	0	3	21 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. M D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Earleigh Hgts. A. A. Co. Md

PARENTS

10 NAME OF FATHER Paul Zilka.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Minn.

12 MAIDEN NAME OF MOTHER Virginia Helfrich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penn.

14 Informant Paul Zilka.

(Address) Earleigh Heights A. A. Co. Md.

15 Filed SEP 20 1928 19 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot thru abdomen

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

9/19 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Earleigh Heights A. A. Co. Md Feb. 19/28

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Churchville Md Sept 21 1928.

20 UNDERTAKER ADDRESS

C. J. Baston Glenburnie Md

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 43201

1—PLACE OF DEATH

REGISTERED NO. 18-16

CITY OF BALTIMORE: (No. 2231 N. Schroeder ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nathan Lunn Allen

(a) RESIDENCE NO. 2231 N. Schroeder ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 30 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Robert Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Celia Lunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Celia Lunn

(Address) 2231 N. Schroeder St.

Filed FEB 20 1929 Harry M. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/29

17 I HEREBY CERTIFY, That I attended deceased from 2/14/29 to 2/17/29

that I last saw him alive on 2/17/29

and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 2 days

CONTRIBUTORY (Secondary) Recurrent Bronchitis (Influenzal) (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. Bowley, M. D.

2/17/29 (Address) 508 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 20, 1929

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43202

CERTIFICATE OF DEATH.

Registered No. 161-08

1-PLACE OF DEATH

City of BALTIMORE: (No. 5231 Cuthbert Ave St. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Koetzle

(a) Residence No. 5231 Cuthbert Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 18/29 - 4.30 P.M.

7-AGE. ~~yrs.~~ ~~mos.~~ ~~ds.~~ If LESS than 1 day, 21 hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Koetzle

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Hollo Md

12-MAIDEN NAME OF MOTHER. Mary Yeager

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto md

14- (Informant) Mrs Koetzle

(Address) 5231 Cuthbert ave

15- Filed FEB 20 1929 HAROLD F. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 19/29

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929, to Feb. 19, 1929, that I last saw her alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurus Birth

Asthenia.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. J. Koetzle M.D. M. D.

, 19 (Address) 3359 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL. 2-22-29 19

20-UNDERTAKER. Geo J. O'Neill Son

ADDRESS 1735 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43203

CERTIFICATE OF DEATH

66

E 43203

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4033 Bonner ST. 15-65 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles P. Farley.

(a) RESIDENCE NO. 4033 Bonner Rd., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of — Minnie Farley.

DATE OF BIRTH (month, day, and year) Feb 9, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger. 25

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Norfolk, Va.
(State or country)

10 NAME OF FATHER Peter Farley

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Stone

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Mrs R F Saterner

(Address) 4033 Bonner Road

Filed ..., 19.. MARGARET JONES M...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1929.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1927 to Feb. 19, 1929

that I last saw h.. alive on Feb. 19, 1929

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation.
Acute Cardiac Decompensation
Pulmonary Oedema, Bronchitis
Arteriolerosis (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) E. F. Guibert M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Suffolk Va	2/20 1929
20 UNDERTAKER Uhlmann Cook.	ADDRESS 1017 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

43204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 43204

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3115 Belvedere Ave (ST.) (WARD) 55

2—FULL NAME Catherine Koltnof

(a) RESIDENCE NO. 3115 Belvedere Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Koltnof

DATE OF BIRTH (month, day, and year) Apr 23 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Michael Holst

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Catherine Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs Madiera

(Address) 3115 Belvedere Ave

Filed 20 1929 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/29

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Feb. 18, 1929.

that I last saw her alive on Feb. 18, 1929

and that death occurred, on the date stated above, at 1 15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Kenneth B. Boyd, M. D.

, 19 (Address) 46 19 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 2/21 1929

20 UNDERTAKER H. Cook ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43205

CERTIFICATE OF DEATH

100-081

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 72-31 WARD)

2—FULL NAME Abraham Myers

(a) RESIDENCE NO. 813 Peach ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	~~Single~~ wid.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

10 NAME OF FATHER Jeremiah

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Augustella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Patient

(Address) BALTIMORE CITY HOSPITALS

15 Filed 2-20 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-29

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1929, to 2-19, 1929, that I last saw him alive on 2-19, 1929 and that death occurred, on the date stated above, at 10:50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, left lung

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) R. H. Finch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Feb 22 1929
20 UNDERTAKER	ADDRESS
A L Brown & Son	Belmont

Cor.—12-9-25—A Co.—200 Bks.

E 43206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 43206

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-11 Ward)

2-FULL NAME Katherine Donaldson

(a) RESIDENCE NO. 725 N. Linwood Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Donaldson

6 DATE OF BIRTH (month, day, and year) Apr 15/1849

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	79 78	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER ? McCardock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Margaret Bond

(Address) 725 N. Linwood Ave

15 Filed 2/19/29 G. HAMILTON JONES, M. D. Registrar

FEB 20 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal Disease with myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidently fell in home (Jan 1/29) fracd fe Dr. 1 mos. 18 ds.

(Signed) G. H. Jones M. D. (Coroner)

2/19/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL BALTIMORE CEMETERY Date of Burial Feb. 22, 1929

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43207 E 43207

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 74-201

CITY OF BALTIMORE: (No.) [redacted] ST. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Henstone

(a) RESIDENCE No. 1114 Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
? about	65 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) none BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 18 1929

17 I HEREBY CERTIFY, That I attended deceased from 1 - 21, 1929, to 2 - 18, 1929, that I last saw h~~im~~ alive on 2 - 18, 1929, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [redacted] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease causing Death, or in Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. — ADDRESS FEB 20 192

FOR WM. F. WOODALL

Spec.—2-29-28—M. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43208

CERTIFICATE OF DEATH

E 43208

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Stewart

(a) RESIDENCE NO. ..... ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE: Years 45? Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

No Relatives attended Patient in Coma

Informant Police

(Address) BALTIMORE CITY HOSPITALS

Filed ..... 19 ..... E. HAMPSON JONES, M. D.

(Registrar) UNIVERSITY OF MARYLAND

20 1929 280

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-29

17 I HEREBY CERTIFY, That I attended deceased from 2-17 . 19 29 . to 2-19 . 19 29 . that I last saw h in alive on 2-19 . 19 29 and that death occurred, on the date stated above, at 6 00 A M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, right

CONTRIBUTORY (Secondary) Hypertension (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar Puncture

(Signed) R. H. Hall, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19

20 UNDERTAKER

ADDRESS

Commissioner Health.

FEB 20 1929

[illegible] E. WOODALL

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43209 ✓ E 43209

CERTIFICATE OF DEATH

8

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Irene Purdum

(a) RESIDENCE NO. 1513 Webster St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 29, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	9	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Robert E. Purdum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER M. Gatrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Robert E. Purdum

(Address) 1518 Webster St

FEB 20 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 19, 1929, that I last saw her alive on Feb 19, 1929, and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

2/19, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

at 10 AM

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marayon Chapel near Mt. Airy	2/21, 1929
20 UNDERTAKER Walter Davis	ADDRESS 3307 Paine St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43210

CERTIFICATE OF DEATH

E 43210

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4217 Wickford Rd. ST.) (WARD) 27-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Michael

(a) RESIDENCE NO. 4217 Wickford Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carl F. Michael

DATE OF BIRTH (month, day, and year) Apr. 29 1900

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

10 NAME OF FATHER Wm H. Mumford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa

12 MAIDEN NAME OF MOTHER Minnie Dickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

Informant Mr Carl F. Michael

(Address) 4217 Wickford Rd.

FEB 17 1929

Chas. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 18, 1929, that I last saw h[illegible] alive on Feb 18, 1929, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(probably influenza type)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Geo Stoltzhart M. D.

2/19, 1929 (Address) 1903 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Feb. 21 1929
20 UNDERTAKER	ADDRESS
Wm Hickner Sons	North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43211

CERTIFICATE OF DEATH

90

E 43211

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 2209 St Paul ST. 12-55 WARD)

2—FULL NAME Lucas Brosios Smith

(a) RESIDENCE NO. 2209 St Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 2-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchandise

(b) General nature of industry, business, or establishment in which employed (or employer) Broker

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Harford Co Md

10 NAME OF FATHER Benjamin Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Jos A Granbery

(Address) 2624 St Paul

Filed 2 7 1929 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 19th 29

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Feby 19th, 1929.

that I last saw him alive on Feby 18th, 1929

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas W Lummis, M. D.

Feby 20, 1929 (Address) 327 Park Ave - Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Mt Zion Cem Co — DATE OF BURIAL Feby 21 1929

20 UNDERTAKER Chas J Tudor & Son — ADDRESS Norrisee

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43212

CERTIFICATE OF DEATH.

E 43212

1-PLACE OF DEATH St Paul & 32nd St

City of BALTIMORE: (No. St. Paul Court Apt 2-50 Ward)

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Graham Boardman Hall

(a) RESIDENCE NO. St. Paul & 32nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Palma R. Hall

6 DATE OF BIRTH (month, day, and year): Oct 2-1876

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
52	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Barton. Vermont

PARENTS

10 NAME OF FATHER James J. Hall

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Vermont

12 MAIDEN NAME OF MOTHER Eliza Cutler.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Vermont

14 Informant Mrs Palma R. Hall

(Address) St Paul Court Apt

15 Filed 19

Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or autopsy or inquiry.) thereon and from the evidence obtained by said inquest (or autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

*

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem Date of Burial: Feb 22 29

20 UNDERTAKER: Wm J Tucker Sons ADDRESS N. Y. Pa

Spec.—12-9-25—A Co.—200 Bks.

E 43213

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-08 ✓

E 43213

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 421 S, Furrow St. 20-65 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Harvey.

(a) RESIDENCE NO. 421 S. Furrow St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilian M. Harvey

6 DATE OF BIRTH (month, day, and year): July 29. 1886 1886

7 AGE: Years 42 | Months 6 | Days 20 19 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): For Self

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Harvey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md.

14 Informant: Mrs. Lilian M. Harvey.

(Address): 421 S. Furrow St.

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/18 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1929, to 2/18, 1929, that I last saw him alive on 2/17, 1929, and that death occurred, on the date stated above, at 2:35 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Bronchial pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. A. Siegrist, M. D.

, 19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial Feb. 22 1929

20 UNDERTAKER: George L. Schwab ADDRESS 4101 Fredk. Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43214 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43214

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1810 Ramsey St. ST. 14-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Adam Yeager

(a) RESIDENCE NO. 1810 Ramsey St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Wm. Yeager

DATE OF BIRTH (month, day, and year) March 7/1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER John Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Rosa Wm. Yeager

(Address) 226 S. Eutaw St.

Filed 2/27/1929, 19 HAMILTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/29

17 I HEREBY CERTIFY, That I attended deceased from Nov 5th, 19 28, to Feb 19th, 19 29,

that I last saw h.... alive on Feb 18th, 19 29

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Paralysis Agitans

& Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Tongue

(duration) yrs. mos. 3 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Edw. Wurgotsky III M. D.

2/27/1929 (Address) 1401 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb. 21 1929
20 UNDERTAKER	ADDRESS
George L. Schmidt	1101 Hillsdale Ave

Spec.—2-29-28—L. F. S.—500 Bks. Francis L. Hann

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43215 ✓ E 43215

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 454

CITY OF BALTIMORE: (No.) Md. General Hospital ST. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis L. Hann.

(a) RESIDENCE NO. 2125 Bolton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Francis L. Hann.

DATE OF BIRTH (month, day, and year) Sept. 16, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

10 NAME OF FATHER Jessie Hann.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Matilda Stonesifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

Informant Hospital records

(Address)

Filed C. HAMILTON JONES, M. D.

1929 Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20/29

17 I HEREBY CERTIFY, That I attended deceased from 2-4 . 19 29 . to 2-20 . 19 29

that I last saw him alive on 2-20 . 19 29

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Pylorus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accumulating failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 2-15-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Jno. A. Compton, M. D.

4/29, 19 (Address) 1 W. Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hampstead, Md	Feb 23 19 29

20 UNDERTAKER R. C. Tipton ADDRESS Hampstead Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43216

CERTIFICATE OF DEATH

E 43216

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2520 Wilkens Ave (WARD)

2—FULL NAME Agnes Mc Leffler

(a) RESIDENCE NO. 2520 Wilkens Ave ST.

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 4 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 15-1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Baltimore Md
(State or country)

10 NAME OF FATHER Alexander Leffler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Remmick

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Germany

Informant Anna Eugene F. Gibbons

(Address) 2520 Wilkens Ave

Filed ..... 19 .....

0 1929 Dec

CLARENCE JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19-29

17

I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to February 19, 1929, that I last saw her alive on February 19-29 and that death occurred, on the date stated above, at 10 30 29 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic Adhesive Pericarditis Diabetes Mellitus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C. Kehoe, M. D.

Feb 20, 1929 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 22 1929
UNDERTAKER	ADDRESS
H. B. Kilpatrick	1850 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43217

CERTIFICATE OF DEATH.

E 43217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3144 Wilkens Av (ST.) 25-30 (WARD)

2-FULL NAME Chas A. Ross

(a) RESIDENCE NO. 3144 Wilkens Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Emilie Ross

6 DATE OF BIRTH (month, day, and year): July 20 1860

7 AGE: Years 67 Months 6 Days 28

If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Aug Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emonderfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emilie Ross

(Address): 3144 Wilkens Av

15 Filed JUL 31 1929, 19

C. MADISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/18 19 29

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to 7/15, 19 29.

that I last saw h alive on 7/17, 19 29.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 hour

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M.D.

19 (Address) 2027 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Londondale

DATE OF BURIAL: July 31 1929

20 UNDERTAKER: F B Hoppes

ADDRESS: 1800 Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43218 E 43218

CERTIFICATE OF DEATH

REGISTERED NO. 27-56

1—PLACE OF DEATH St. Joseph Hosp.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gloria N. Ates

(a) RESIDENCE NO. ~~St. Joseph Hosp.~~ 3123 Virginia Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 7/21/24

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alvin C. Ates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ethel M. Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Alvin C. Ates

(Address) 3123 Virginia Ave

Filed ....., 19 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/29

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to Feb 19, 1929

that I last saw h.. alive on Feb 19, 1929

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Rheumatic Pneumonia

Dependent

(duration) ... yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis (duration) ... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/17/29

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. H. Grammer, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	2/22 19 29
20 UNDERTAKER	ADDRESS
W. F. Carey Sons	1811 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43219

CERTIFICATE OF DEATH.

90 E 43219

1-PLACE OF DEATH F. X. Ganter's factory.

City of BALTIMORE: (No. Ostend & Peach Alley. St. 2434 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Reiss.

(a) RESIDENCE NO. 1725 Belt St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ or WIFE of Anna Reiss.

6 DATE OF BIRTH (month, day, and year) August 2, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker.

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Theodore Reiss.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna. -------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Anna Reiss. (wife)

(Address) 1725 Belt St.

15 Filed 2 C. HARRISON JONES, M. D.

2 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

2/20 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem.	2/21 1929
20 UNDERTAKER	ADDRESS
H. Gahagan Sons	811 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43220

CERTIFICATE OF DEATH.

90 E 43220

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Augusta St., 5-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jennings

(a) Residence No. 207 Augusta St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6-DATE OF BIRTH (month, day and year): unknown

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14- (Informant) Howard Greaves

(Address) 2359 W. Fremont St

15- Filed 21 1929 Per C. HAMILTON JONES, M. D. 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 19 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1929 to Feb 19 1929

that I last saw h alive on Feb 18 1929

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion Endocarditis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) yrs. mos. 30 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. H. Hurley M. D.

Feb 21 1929 (Address) 714 S Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ct — DATE OF BURIAL: Feb 21 1929

20-UNDERTAKER: S. A. Brown & Son — ADDRESS: Edmondson

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43221

CERTIFICATE OF DEATH

E 43221

REGISTERED NO.

1—PLACE OF DEATH Provident Hospt

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1415 Division ST. 17-24 WARD)

2—FULL NAME Major Banks

(a) RESIDENCE NO. 1141 Argyle Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Kattie Banks

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

Informant Kattie Banks

(Address) 1141 argyle ave

Filed FEB 21 1929 Registrar

of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1929 to Feb 19, 1929 that I last saw h/M alive on Feb 19, 1929 and that death occurred, on the date stated above, at 8 50 m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
Pulmonary Emphysema
(Arteriosclerosis)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

2/20 1929 (Address) Provident Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Bm — DATE OF BURIAL 2-21 1929

20 UNDERTAKER Saml Edmonds — ADDRESS 916 Pa ave

Cor.—10-10-29—A Co.—100 Bks.

E 43222 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 43222

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital Ward 23)

2-FULL NAME Doloren Swendell

(a) RESIDENCE NO. 716 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	2			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto City md.

PARENTS

10 NAME OF FATHER C. M. E. Swendell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mattie Swendell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mattie Swendell
(Address) 716 N Carey St

Filed FEB 21 1929 G. W. [illegible] JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobular Pneumonia

Fibrous Adhesions Rt. Pleura.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? yes-Hopkins

What test confirmed diagnosis?

(Signed) J. S. Cullen Comm. M. D.

2/20/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2/21/1929

20 UNDERTAKER Samuel Eaton

ADDRESS 916 Pa

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43223

CERTIFICATE OF DEATH.

101-001

REGISTERED No. E 43223

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1320 Myrtle Ave (Ward) 14-20

2-FULL NAME Wilbert Brooks Waters

(a) RESIDENCE NO. 1320 Myrtle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day and year): Sept 16-1904

7 AGE — Years: 24 — Months: 5 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm Waters Brooks

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Celia Short

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Ruth Brooks

(Address): 629 Smith St.

15 Filed ..... 19 ..... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. One ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Leak M. D.

(Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: 2-21 1929

20 UNDERTAKER: Wood Easton. — ADDRESS 916 [illegible]

Per

Cor.—10-10-29—A Co.—100 Bks.

E 43224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43224

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 109 Arda St., 4-25 Ward) 24th

2-FULL NAME Lydia Benny Barnett

(a) RESIDENCE NO. 109 Arda St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER [illegible] Keys

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Stephine Simms

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Herbert Barnett.
(Address) 127 Arda

15 Filed 4-16-1929 HARRY JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Apoplexy, (duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Luck, M. D.

Feb 20 1929 (Address) Coroner N. W.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2-21 1929

20 UNDERTAKER Daniel Easton — ADDRESS 916 Park ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43225

CERTIFICATE OF DEATH

100-001

E 43225

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST. 22-30 WARD)

2—FULL NAME Willie Sanders

(a) RESIDENCE NO. 502 Conway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, and year) May 30-1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nv

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Viola Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Sallie Sanders

(Address) 502 Conway St

Filed FEB 21 1929 C. HARRY JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 19, 1929,

that I last saw h/ill alive on Feb 19 1929

and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. L. Cobey, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-21 1929
20 UNDERTAKER	ADDRESS
Hamilton Eastern	916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43226

CERTIFICATE OF DEATH

E 43226

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Grantley Road ST. 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Louisa Nolen

(a) RESIDENCE NO. 3810 Grantley Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Willard Nolen

DATE OF BIRTH (month, day, and year) Oct. 7, 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	4	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

10 NAME OF FATHER George Barrett

11 BIRTHPLACE OF FATHER (city or town) London
(State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Lipp

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia
(State or country) Pennsylvania

Informant Miss Edna Nolen
(Address) 3810 Grantley Road

Filed 2 1929, 19 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-2-, 1929, to 2-19-, 1929, that I last saw her alive on 2-19-, 1929, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration 16 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Amerith Force, M. D.

2/20/1929 (Address) 3705 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Feb. 22 1929
20 UNDERTAKER	ADDRESS
Joseph Cook	1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43227 — CERTIFICATE OF DEATH — 129 — E 43227

1—PLACE OF DEATH Balto City Hospt. — REGISTERED NO. 9-46

CITY OF BALTIMORE: (No. Balto Md. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Rhinehart

(a) RESIDENCE NO. 2003 Robb St. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

a if married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 21 - 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	2	27 18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam

(b) General nature of industry, business, or establishment in which employed (or employer) Conductor

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Chas W. Rhinehart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Mary J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Balto City Hospt

(Address) Balto Md

Filed 2 21 1929, 19 — HARRY B. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 18 - 29

17

I HEREBY CERTIFY, That I attended deceased from 2-17-, 19 29, to 2-18, 19 29

that I last saw h. alive on 2-18, 19 29

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Terminal Bronch. Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Hypertension

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Harry F. Dimmitt M. D.

2/19, 19 29 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 21 19 29
20 UNDERTAKER George W. Zinkler	ADDRESS 1737 E Eager St.

Spec.—1-12-23—M&T—500 Bks.

E 43228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Annapolis ave ST., 25-3 WARD) mt winans 129

3 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla Casey

(a) RESIDENCE NO. 2424 Annapolis ave ST., mt. s winans WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Columbus Casey

6 DATE OF BIRTH (month, day, and year): — 1875

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: mid wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Calvert Co md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Caroline —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Bertha Bowie

(Address) 2419 Huron St

15 Filed FEB 21 1929 19 C. HAMPSON JONES, M. D. Registrar

Dist

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan., 14 1929. to Feb. 08 1929. that I last saw her alive on Feb 18 1929 and that death occurred, on the date stated above, at 230 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Thomas N Brown, M. D.

, 19 (Address) 118 W Hamburg st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: mt auburn cemetery — DATE OF BURIAL: Feb 22. 29

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 Bks.

Mc Creer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43229

CERTIFICATE OF DEATH

129 E 43229

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N Milton Ave ST. 8-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary McCrea

(a) RESIDENCE NO. 1115 N. Milton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward McCrea

DATE OF BIRTH (month, day, and year) March 7 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68		11.	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER John Boland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Brigd. Burn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Edward McCrea

(Address) 1115 N. Milton ave

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18/29

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 19... to Feb 18, 1929.

that I last saw h. w. alive on Feb 18, 19 29

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jacob Frahm, M. D.

2/28. 1929 (Address) 1823 Mast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Charles Cemetery Catonsville	Feb 22 1929.
20 UNDERTAKER	ADDRESS
Geo. L. Rust	1735 Harford ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43230
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

178

E 43230
REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stewart

(a) RESIDENCE NO. 373 St. John's Court St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER John Stewart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Geo. Ruth
(Address) Harford & Lafayette

15 Filed FEB 21 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns over body, head & legs
Accidental- Home burned
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) _____ M. D.
(Coroner)

19 (Address) 2/20/29 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Feb 21 1929

20 UNDERTAKER Geo. J. Ruth ADDRESS 1225 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43231 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43231

CERTIFICATE OF DEATH.

74-001

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1104 N. Carey St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Wright

(a) Residence No. 1104 N. Carey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M.	C.	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wright

6-DATE OF BIRTH (month, day and year) June 1886

7-AGE. 43 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). O'Neill
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Lancaster Co. Va.

PARENTS.

10-NAME OF FATHER. Dallas Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Lancaster Co. Va

12-MAIDEN NAME OF MOTHER. Maria Conway

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Lancaster Co. Va

14- (Informant) Annie Wright
(Address) 1104 N. Carey St.

15- Filed 2-21 1929 HARRY H. KARIS, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-19-29

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1929 to Feb. 19, 1929 that I last saw him alive on Feb. 19, 1929 and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Auburn Cem. Lancaster Co. DATE OF BURIAL. Feb. 21, 1929

20-UNDERTAKER. ADDRESS

1463 N Virginia A Dorsett 1463 N. Carey St

Spec.—1-12-23—M&T—500 Blks.

E 43232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59-902

159 E 43232

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1100 Darley Ave St. 9-46 (WARD)

2-FULL NAME Delores. E. Dunser

(a) RESIDENCE No. 1100 Darley Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick L Dunser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Mary M. Carrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr Frederick L Dunser

(Address) 1100 Darley Ave

15 Filed FEB 21 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-17, 1929, to 2/20, 1929, that I last saw her alive on 2-20, 1929 and that death occurred, on the date stated above, at 7 30 P m

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) Daniel Miller, M. D.

2/20, 1929 (Address) 1500 Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Feb 21 1929

20 UNDERTAKER John F Denny ADDRESS 715 Lig[illegible] St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43233

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5417 N Hamilton St. 43 WARD) REGISTERED NO. 2431

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard H. Hagner

(a) RESIDENCE NO. 5417 N. Hamilton St., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE Laura Hagner

DATE OF BIRTH (month, day, and year) Apr 19-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Jeweler

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Jno Hagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mildred H. Hagner

(Address) 5417 N. Hamilton

FEB 21 1929

Filed Mrs. L. Jones M.
Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19/29

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1929, to 2/17, 1929, that I last saw h alive on 2/19 1929 and that death occurred, on the date stated above, at 11 AM. m.

The CAUSE OF DEATH* was as follows:

Nephritis.

CONTRIBUTORY (Secondary) Duration of illness (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. E. Speck, M. D.

2/20, 1929 (Address) 710 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship Cemetery	2/22-29
20 UNDERTAKER	ADDRESS
John F Denny	715 Eutaw St

Cor—12-9-25—A Co—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43234

CERTIFICATE OF DEATH.

188-103

REGISTERED No. E 43234

1-PLACE OF DEATH

City of BALTIMORE: (No. St.Joseph Hospt. St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Edmonds.

(a) RESIDENCE NO. 1908 Heniman Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Bartlett Edmonds

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lillian Ward.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Bartlett Edmonds.

(Address) 905 Rutland Ave.

15 Filed 19 HARRY A. JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Partial Severence of Spinal Cord (4th & 5th Serv. Vert. Struck by automobile at Gay & Washington Sts.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

18 (Address) 2/21/29 28 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Arlington Station Va Feb 22 1929

20 UNDERTAKER ADDRESS

Mrs R.A. Elliott Baltimore

Cor—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3235

CERTIFICATE OF DEATH.

E 43235

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 Duncan St St., 7-10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thompson

(a) RESIDENCE NO. 507 N. Duncan st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Thompson.

6 DATE OF BIRTH (month, day, and year) Unknown Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant John Thompson

(Address) 507 N. Duncan St

15 Filed 2-21-1929 19 Lemuel Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis (Prob. Coronary Art. involvment,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Allen M. D.

(Coroner)

18 (Address) 2/21/29 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Feb. 22, 1929

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 725 Fairfield Ave

Cor.—12-9-25—A Co.—200 Blks.

Ernest Harris

E 43236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43236

CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospt. St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Harris

(a) RESIDENCE NO. 1650 E.Fayett St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Harris

6 DATE OF BIRTH (month, day, and year) Jan. 1st. 1887

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	42	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem Steel

(c) Name of employer Sparrows Pt. Md.

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hattie Harris.

(Address) 1650 E.Fayett St.

15 Filed FEB 21 1929 16 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Skull- Accidently fell off p porch at home (leaned against defective rail)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. K. Weber M. D. (Coroner)

2/21/29 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial Feb. 21, 1929

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 125 Ashland

Spec.—7-17-26—A Co.—200 Bks.

E 43237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 43237
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 Whatcoat St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Andrew Mason

(a) RESIDENCE NO. 1111 Whatcoat St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If non-resident give city or town and State)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delsie Mason

6 DATE OF BIRTH (month, day, and year) 4-26-1895

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	33	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City last job Southampton Va

9 BIRTHPLACE (city or town) Southampton Va
(State or country)

PARENTS

10 NAME OF FATHER Edw Mason

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Brunswick Co Va

12 MAIDEN NAME OF MOTHER Nettie Purdie

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Southampton Va

14 Informant Nettie Purdie Mason
(Address) 1111 Whatcoat St

15 Filed 2 T 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-15-1929, to 2-19-1929, that I last saw him alive on 2-19-1929, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exposure

Lingering (duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Dr. C. Hamilton Jones, M. D.

2-19-1929 (Address) 1029 Druid Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive Va — Date of Burial Feb 21 1929

20 UNDERTAKER Sam'l H. Chase Kin — ADDRESS 1400 Mosher

Key important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43238

CERTIFICATE OF DEATH.

188-103 E 43238

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St. W 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Granam Coby

(a) RESIDENCE NO. 113 N. Carlton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 22, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER E. Nicholson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ruth Coby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Leewood Mason

(Address) 113 N. Carlton

15 Filed 2/17/1929, 19 CLARENCE M. JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally fell from step of truck
Fractured neck and ribs L.S.
Riding unauthorized
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Chas. B. Brooke M. D.
(Coroner)

2/17 19 29 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Feb 22, 1929

20 UNDERTAKER Mrs. Kate R. Williams ADDRESS 3237 Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43239

CERTIFICATE OF DEATH.

40

E 43239

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 322 S. Ann St. 2-4 Ward)

2-FULL NAME Ignatius Wolinski

(a) RESIDENCE NO. 322 S Ann St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Clara~~ Catherine Wolinski

6 DATE OF BIRTH (month, day, and year) June 13 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)____

(State or country) Germany

PARENTS

10 NAME OF FATHER Wolinski

11 BIRTHPLACE OF FATHER (city or town)____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Coat

13 BIRTHPLACE OF MOTHER (city or town)____

(State or country) Germany

14 Informant Clara Wolinski

(Address) 322 S Ann

15 Filed____ 19____ C. HAMPSON JONES, Registrar

Per____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ___ yrs. ___ mos. few hrs.

CONTRIBUTORY (Secondary) old age

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Kenton M. D.

(Coroner)

2/19/1929 (Address) 704 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?____

Former or usual residence____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Sanitarium Cem Date of Burial Feb. 22 1929

UNDERTAKER George A Weber ADDRESS 705 S. Ann St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43240

1—PLACE OF DEATH

CERTIFICATE OF DEATH

91-002

E 43240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4105 Liberty Hts Ave. WARD) 45-b-t

2—FULL NAME Sophia Esther Coles

(a) RESIDENCE NO. 4105 Liberty Hts Ave. STR. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Coles.

6 DATE OF BIRTH (month, day, and year): May 4, 1845

7 AGE: Years 83 | Months 9 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): London Eng.

10 NAME OF FATHER: Geo. W. Swann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eng.

12 MAIDEN NAME OF MOTHER: Sophie Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eng.

Informant: Mrs Esther S. Coles

(Address) 4105 Liberty Hts Ave.

Filed 1929 (Signed) Benjamin Jones, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1923 to Feb 19 1929.

that I last saw her alive on Feb. 19 1929

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. K. Shipping, M. D.

2/20 1929 (Address) 1120 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb 21 1929

UNDERTAKER: Wm J. Ecker & Sons

ADDRESS: North & Pa

Cor.—12-9-25—A Co.—200 Bks.

E 43241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43241

CERTIFICATE OF DEATH.

188-092

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Joseph's Hos (St.) No-40 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George S. Carter

(a) RESIDENCE NO. 3034 Kenyon Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Carter

6 DATE OF BIRTH (month, day, and year) July 27-1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano tuner

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Frank Carter

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Rille

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mrs Emma A. Carter

(Address) 3034 Kenyon Ave

15 Filed ... 19 ... C. H. ... Registrar

per ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- accidentally struck bystreet car at Belair Road and Kenyon Ave.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Pollitt M. D.

(Coroner)

Feb. 20, 1929 (Address) 506E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Feb 22 29

20 UNDERTAKER W. J. Tickner & Son ADDRESS N. Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43242

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4619 Asbury Ave ST. 76-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Hackmann

(a) RESIDENCE NO. 4619 Asbury ST. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frederica Hackmann

DATE OF BIRTH (month, day, and year) Nov 25, 1881.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Car foundry

(c) Name of employer Balto Car Foun

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER W H Hackmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Frederica Hackmann

(Address) 4619 Asbury Ave

Filed C. H. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18, 29

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1927, to Feb 18, 1929.

That I last saw he alive on Feb 17, 1929

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Lung

(duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary) Abscess of R Lung

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Mar 25 '29 (27)

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis Mohr, M. D.

, 19 (Address) 3015 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	2/21/1929
20 UNDERTAKER	ADDRESS
J A Moran	E Balto

Spec.—1-12-23—M&T—500 Bks.

E 43243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43243

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 W. Lachom ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gross

(a) RESIDENCE NO. 914 W. Lachom ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Gross.

6 DATE OF BIRTH (month, day, and year): Jan 13 1873. Jan 1 1873

7 AGE: Years 56 Months 1 Days 3 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacob Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Charlotta Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Daisy Gross 914 Lachom St

15 Filed 2 1 1929 G. W. Sinop Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 19 29

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to Feb 18, 1929.

that I last saw him alive on Feb 18, 1929

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral Hemorrhage) Left Side Bronchitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

19 29 (Address) 1709 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy A. A. Co.

DATE OF BURIAL: 2/21 19 29

20 UNDERTAKER: Walter B. Sprigg

ADDRESS: 1390 Lanvale St.

Spec.—2-29-28—L. F. S.—800 Blks.

E 43244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43244

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1352 Cleveland ST., 21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Moses Nicholson

(a) RESIDENCE NO. 1352 Cleveland ST., 21 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta Nicholson

DATE OF BIRTH (month, day, and year) Jan 7 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Roberta Nicholson

(Address) 1352 Cleveland St.

Filed 2 1 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1929.

17

I HEREBY CERTIFY, That I attended deceased from January 27 1929, to Feb. 13 1929

that I last saw him alive on Feb 13 1929

and that death occurred, on the date stated above, at 8:58 a. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) Unknown

CONTRIBUTORY (Secondary) Unimportant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1352 Cleveland St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Stonewood M. D.

2/18, 1929 (Address) 1126 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Grove Chapel B. & Co	2/21 1929
20 UNDERTAKER	ADDRESS
Walter B. Spriggs	139 Williams St.

Spec.—1-12-23—M&T—500 Bks.

Allinsis

E 43245 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43245

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Rutland ave. 817 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. O Allinsis

(a) RESIDENCE No. 1611 Rutland ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Mulatto

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 20 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stem 060

(b) General nature of industry, business, or establishment in which employed (or employer): Fifisten

(c) Name of employer: Great Penn Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John L. Allinsis.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E. Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Charles Allinsis.

(Address): 1611 Rutland.

15 Filed: FEB 21 1929 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 18 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Feby 18, 1929, that I last saw h~~e~~ alive on Feby 16, 1929 and that death occurred, on the date stated above, at 8 30 p m

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arter. Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hattie W. White M. D.

Feb. 20 1929 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Our Cathedral Cem

DATE OF BURIAL: Feb 22 1929

20 UNDERTAKER: Bevan & F. Ruth

ADDRESS: 1735 Aisquith

Spec.—1-12-23—M&T—500 Blks.

E 43246 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2014 Wilhelm St

CITY OF BALTIMORE: (No. 20-69 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Emma Wohler

(a) RESIDENCE NO. 2014 Wilhelm ST. WARD 20th

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. August Wohler

6 DATE OF BIRTH (month, day, and year) June 25 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr Klatt

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mrs Labuda

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Chas Wohler

(Address) 2014 Wilhelm St

15 Filed , 19 H. Leon Jones M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929. to Feb 18, 1929.

that I last saw h alive on Feb 18, 1929

and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Test

(Signed) F. F. Kuyrer, M. D.

, 19 (Address) 3321 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/21 1929

20 UNDERTAKER Harry N Wittle, 53 N. Lombard

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 43247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO. E 43247

CITY OF BALTIMORE: (No. 1307 W. Fayette St. ST. 14-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James J. Williams

(a) RESIDENCE NO. 1307 W. Fayette St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Melva Williams (nee Alvey)

DATE OF BIRTH (month, day, and year) Nov. 10, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Fairfield Farms Dairy

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Franklin B. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Weisenboon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr. John H. Williams

(Address) 3017 W. Lanvale St.

Filed FEB 21 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19/29

17

I HEREBY CERTIFY, That I attended deceased from March, 1928, to Feb. 19, 1929, that I last saw him alive on Feb. 18, 1929 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(duration) Am yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) Ten yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lamperin, M. D.

, 19 (Address) 3409 Pulaski Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/21 19 29

20 UNDERTAKER Mary N. Wittle

ADDRESS 153 N. Lombard St

Spec. 2-29-28—L. F. S.—500 Blks.

E 43248 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43248

CERTIFICATE OF DEATH 105

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 109 S. Calhoun St. ST. (WARD) 19-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella May Lehrer

(a) RESIDENCE NO. 109 S. Calhoun St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 5, 1882.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John F. Lehrer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Ellen Ahern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mr. John F. Lehrer

(Address) 109 S. Calhoun St.

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928 to Feb 19, 1929.

that I last saw her alive on Feb 19, 1929

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 2 mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) James D. Kemp M. D.

2/20/29 (Address) 1729 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/22/29

20 UNDERTAKER Harry J. Witzke

ADDRESS 153 N. Lombard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43249

CERTIFICATE OF DEATH.

186-203

E 43249 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. 11th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ginter.

(a) RESIDENCE NO. 612 Sewell St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	83	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know

14 Informant: Mr. Gundersdorf.

(Address): 2422 Arunah Ave.

15 Filed 19 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 18, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by an automobile while crossing the road.
Accidental death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) (Coroner) M. D.

2/20 19 20 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Annapolis Blvd. Baltimore Co. Md. 1/24/29

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Feb 21 19 29

20 UNDERTAKER: W. M. Courtney — ADDRESS: 2238 Penna Ave

Cor.—12-9-25—A Co.—200 Bks.

E 43250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 189 E 43250

REGISTERED NO.

1-PLACE OF DEATH University Hosp.

City of BALTIMORE: (No. 4-30 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sadilek

(a) RESIDENCE NO. Laurel Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 70 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer do

(b) General nature of indnstry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Sadilek

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Rudolph Sadilek

(Address): Laurel Md.

15 Filed FEB 21 1929 C. HAMILTON LOUIS, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 21st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

Whereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Kicked in abdomen by horse ruptured out. Strangulated Hernia, peritonitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) peritonitis, myocarditis

(duration) yrs. mos. 1 ds.

(Signed) Edgar Ziller M. D. (Coroner)

2/21, 1929 (Address) 239 Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. 1 ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death? Laurel Md

Former or usual residence Laurel Md.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md Date of Burial 2/23/ 1929

20 UNDERTAKER: L Floyd Kaiser ADDRESS Laurel Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43251

CERTIFICATE OF DEATH

100-001

E 43251

1—PLACE OF DEATH Provident Hospital REGISTERED NO. 17-24

CITY OF BALTIMORE: (No. 1514 Division St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arianna Gale

(a) RESIDENCE NO. 517 W Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Bay View (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mary Marshall

(Address) 2453 N Carlton St

Filed FEB 21 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-16-29, 19, to 2-19-, 1929

that I last saw her alive on 2-19-, 1929

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Broncho-Pneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Clarke, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon, Cem

DATE OF BURIAL 2/22, 1929

20 UNDERTAKER Samuel Beasley

ADDRESS 512 Dolphin St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43252

CERTIFICATE OF DEATH

16 E 43252

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] St. 4-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Paton

(a) RESIDENCE NO. ~~Same~~ 632 Lawrence St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Cal

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE: 70 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 INFORMANT (Address) Patient BALTIMORE CITY HOSPITALS [redacted]

15 Filed FEB 21 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-9 1929 to 2-18 1929.

that I last saw her alive on 2-18 1929.

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Physical Exam

(Signed) [redacted] M. D.

BALTIMORE CITY HOSPITALS

*State the D[redacted] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: 2/21 1929

20 UNDERTAKER: Samuel T Beasley | ADDRESS: 728 N Bradford

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43253

CERTIFICATE OF DEATH.

19 E 43253

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Franklin Sq. Hosp St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Hill

(a) RESIDENCE NO. 1618 Pressman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Hill

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Riley Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Noah Hill

(Address) 1618 Pressman St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Shot through heart & Side By Dwight Jones

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Smith M. D.

(Coroner) Dr. Dis

3/20, 1929 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 3/22 19 29

20 UNDERTAKER Samuel T. Hemsley ADDRESS 573 N. Bridge St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43254
1-PLACE OF DEATH

CERTIFICATE OF DEATH

E 43254
REGISTERED NO.

CITY OF BALTIMORE: (No. 415 Druid Hill Ave St.) (11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Johnson

(a) RESIDENCE. No. 415 Druid Hill Ave St.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of dead

6 DATE OF BIRTH (month, day, and year) ? 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) " " 037

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Preston Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4 . 1929 . to Feb 19 . 1929 . that I last saw h alive on 2 19 . 1929 . and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Breast Tumor

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Haase M. D.

2/20 1929 (Address) 799 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

11 Informant (Address) Hattie Ewell 415 Druid Hill Ave

15 Filed FEB 21 1929 C. HAMILTON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 2/21/29

20 UNDERTAKER Wm. Geo. R. Harland

ADDRESS 1631 Druid Hill

43255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 E 43255

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor, St. 10-14 WARD)

2-FULL NAME Mary A Dwyer

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Dwyer

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wilson Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Brancamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Little Sisters of the Poor (Address) Preston & Valley St.

15 Filed 2 1929 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 19 29

17

I HEREBY CERTIFY, That I attended deceased from Feb 18 19 to Feb 20 19

that I last saw h e alive on Feb 18 19 29

and that death occurred, on the date stated above, at 1030 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs mos 7 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Feb 20 19 29 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb. 22 19 29

20 UNDERTAKER Joseph B Cook — ADDRESS 1005 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

Emma J. Mears

43256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 43256

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Calvert ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma J. Mears

(a) RESIDENCE NO. 805 N. Calvert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 13 da. How long in U. S., if foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Mears

DATE OF BIRTH (month, day, and year) Aug. 5, 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Patrick Roney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen -----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant S. R. Mears

(Address) 805 N. Calvert St.

Filed MAR 21 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1928, to Feb. 18, 1929, that I last saw h alive on Feb 17, 1929 and that death occurred, on the date stated above, at 4:40 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of lumbar spine and of knee L

(duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Jno A Luetscher, M. D.

Feb 20, 1929 (Address) 1212 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/22 19 29

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 43257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43257

CERTIFICATE OF DEATH

100-901

1—PLACE OF DEATH Amerable Home REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eli Freedman

(a) RESIDENCE NO. 2100 E. Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Freedman

7 DATE OF BIRTH (month, day, and year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Isaac Freedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E. Balto St

Filed , 19 Registrar

C. HARRISON JONES, M. D.

11929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/29

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Feb. 21, 1929 that I last saw h alive on Feb 20, 1929 and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

Bronco-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Hutchinson, M. D.

, 19 (Address) 918 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Interment — DATE OF BURIAL 2/22 19 29

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Blks.

E 43258 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 25-W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina M. Mattfeldt

(a) RESIDENCE NO. St Agnes Hospital ST., WARD Catonsville Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Dr. Chas. L. Mattfeldt

6 DATE OF BIRTH (month, day, and year) Jan 15, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Schweizinsberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Augusta Bachmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Dr. C. L. Mattfeldt. Catonsville Md

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Feb. 21, 1929.

that I last saw her alive on Feb. 21, 1929

and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hypostatic congestion of Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Catonsville

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) James G. Howell, M. D.

, 19 (Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Lutheran Cem. DATE OF BURIAL Feb 25 1929

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43259

CERTIFICATE OF DEATH

161-09

E 43259

1—PLACE OF DEATH

REGISTERED NO. 23-21

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Smith.

(a) RESIDENCE NO. 1400 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 days How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Girl	W	Premature —

If married, widowed, or divorced HUSBAND of (or) WIFE of Premature.

DATE OF BIRTH (month, day, and year) 2/20/29

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 8 min.
	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Premature Bd

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) (So. Balto. Gen. Hosp.) Balto. Md

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Ellen Hirsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Hospital Records.

(Address) 10

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/29

17

I HEREBY CERTIFY, That I attended deceased from 2/20, 19 29, to 2/20, 19 29.

that I last saw h[illegible] alive on 2/20, 19 29

and that death occurred, on the date stated above, at 8:43 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity.

1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Premature Birth.

Did an operation precede death? Yes Date of 2/20/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) F. S. Arnold Rescue, M. D.

2/20, 19 29 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL

20 UNDERTAKER Commissioner Health. — ADDRESS

FEB 21 1929

Cor.—1-12-23—M&T—100 Bks.

E 43260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43260

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 York Road ST. 7-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Richardson

(a) RESIDENCE No 5002 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar. 30-1859

AGE Years	Months	Days 20	If LESS than 1 day, hrs. or min.
69.	10	30	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 07
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER C. Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Martha Dushanore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Carrie F Richardson

(Address) 5002 York Road

THOMPSON JONES, M. D.

Registrar

Filed 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas Mowbray, M. D.

(Coroner.)

2/20, 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/22 1929

20 UNDERTAKER [illegible] — ADDRESS 1217 Hanl

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43261

CERTIFICATE OF DEATH

× 31

E 43261

1—PLACE OF DEATH Provident Hospt. REGISTERED NO. 4 20

CITY OF BALTIMORE: (No. 1415 Division ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Pugh

(a) RESIDENCE NO. 1014 Joy St ST., WARD Sparrows Pt Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pugh

DATE OF BIRTH (month, day, and year) December 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29	28(?)			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Drake Branch Va

10 NAME OF FATHER Peter Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lottie Humphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mary Pugh

(Address) 1014 E. 33d Sparrows Pt

Filed 1929 Pat

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 19, 1929

that I last saw h/ alive on Feb 19 1929

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

1st Pulmonary Tuberculosis

(duration) Undetermined yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Bernard Stamm M. D.

2-21, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Drake Branch Va	Feb 21, 1929
20 UNDERTAKER Mrs. R. E. Elliott	ADDRESS 172 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 43262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43262

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5310 Fernpark Ave. ST., 26-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Delia Louis Gruber

(a) RESIDENCE NO. 5310 Fernpark Ave, ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer Gruber

DATE OF BIRTH (month, day, and year) Nov. 29, 1865.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	2	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER Julius Louis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Oppenheimer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

Informant Mr. B. Gruber

(Address) 5310 Fernpark Ave

Filed 2 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20th. 1929,

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to Feb 19th, 1929,

that I last saw h[illegible] alive on Feb 18th, 1929

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Rt),

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis, Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

, 19 (Address) 2360 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	2/ / 1929
20 UNDERTAKER Ward Sondheim	ADDRESS 115 & 117 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

Edith M. George

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43263

CERTIFICATE OF DEATH.

100-001

E 43263

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 18-29 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith M George

(a) RESIDENCE NO. 110 S. Arlington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. George

6 DATE OF BIRTH (month, day, and year) May 1/1886

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Ephriam Nash

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Addie Zimming

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Husband

(Address) 110 S. Arlington Ave

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cairns M. D.

(Coroner)

2/21/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

Date of Burial 2/23 1929

20 UNDERTAKER Thomas Dolan

ADDRESS 3415 Gwynns Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43264

CERTIFICATE OF DEATH

129

E 43264

1—PLACE OF DEATH

REGISTERED NO. 27-43

CITY OF BALTIMORE: (No. 3020 E. Hamilton Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia S. Somers

(a) RESIDENCE NO. 3020 E. Hamilton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard M. Somers

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	71		3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Conn.

10 NAME OF FATHER David E. Foot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Jane A. Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

Informant Mr. Howard M. Somers

(Address) 3020 E. Hamilton Ave

Filed ..., 1929 C. HAMPSON JONES, M. D. Registrar

1929 Pat ART

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to 2/20 1929.

that I last saw h alive on 2/20 1929

and that death occurred, on the date stated above, at 12.45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Talley, M. D.

1929 (Address) 5103 Harford Road.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemy.

DATE OF BURIAL Feb 22, 1929

20 UNDERTAKER Wm. D. Mitchell Sons ADDRESS 1900 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43265

CERTIFICATE OF DEATH

129

E 43265

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 941 W.Franklin ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary F.Walker,

(a) RESIDENCE NO. 941 W.Franklin ST., WARD
(Usual place of nbode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Geo.W.Walker,

6 DATE OF BIRTH (month, day, and year) October 16.1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	5	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Norfolk Virginia

10 NAME OF FATHER John Jacobs,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Geo E Walker

(Address) 941 W Franklin St

Filed 2 22 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from 2/1/29, 19, to 2/21, 1929, that I last saw h~~er~~ alive on 2/21, 1929 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Lumal obliterans
Chronic Myocarditis
Insufficiency & Chronic
Interstitial Nephritis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy Examination

(Signed) J. [illegible] M. D.

2/22, 1929 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43266

CERTIFICATE OF DEATH

1000 E 43266

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Convent of Notre Dame St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Mary Elysha Westrich

(a) RESIDENCE NO. Convent of Notre Dame Aisquith ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1847

7 AGE 82 Years 1 Months 13 Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Westrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sidonia Bosle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Mary Stan Kostka
(Address) Notre Dame Convent Aisquith Street

15 Filed 2 1929 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1929

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to July 21, 1929, that I last saw h[illegible] alive on July 20, 1929, and that death occurred, on the date stated above, at 1000 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. O'Leary, M. D.

1/31, 1929 (Address) 1106 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govanstown (Private Co) | DATE OF BURIAL Feb 23 1929

20 UNDERTAKER Frank A. Fink | ADDRESS 916 N Gay St

Spec.—1-12-23—M&T—500 Bks.

E 43267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43267

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Hollins ST. 18-29 WARD)

2-FULL NAME Chas A Reynolds

(a) RESIDENCE No. 1217 Hollins ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence M Reynolds

6 DATE OF BIRTH (month, day, and year): May 9, 1880

7 AGE: 48 Years 9 Months 12 Days

Years	Months	Days
49	3	13

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Chas Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Virginia Eichelberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Florence M Reynolds
(Address): 1217 Hollins St

Filed 2 21929, 19 Wal

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/21/29 19

I HEREBY CERTIFY, That I attended deceased from 2/20/, 1929, to 2/21/, 1929,

that I last saw h— alive on 2/21/, 1929,

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

History (duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy immediate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) Edward J Seng, M. D.

2/21/1929 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Md

DATE OF BURIAL: Feb 22 1929

20 UNDERTAKER: John J Field

ADDRESS: 1200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43268

CERTIFICATE OF DEATH.

E 43268

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2329 Madison Ave Ward 13-59 31)

2-FULL NAME Barnett Ellis

(a) RESIDENCE NO. 2329 Madison Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ellis

6 DATE OF BIRTH (month, day, and year) April 27th, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	55	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate dlr

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Louis Ellis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rose ? ? ? ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Wife

(Address) 2329 Madison ave

15 Filed ... 19... [illegible] Registrar

B 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 Feb. 21st

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1928, to Feb 21st, 1929, that I last saw him alive on Feb 21st, 1929, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Alex A Weinstock, M. D.

2/21/1929 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Detrick Rosedale — Date of Burial: 2/22 19 29

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eastern Ave

Spec.–7-17-26—A Co.—200 Bks.

E 43269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 43269

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1154 E North ave St., 9-18 Ward)

2-FULL NAME Carrie B Zimmerman

(a) RESIDENCE NO. 1154 E North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: William C Zimmerman

6 DATE OF BIRTH (month, day, and year): April 11 – 1881

7 AGE — Years: 47 Months: 10 Days: 8 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Edward Gardner

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elenir Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Edward Gardner (Address) 1154 E North ave

15 Filed 2 21 1929 C. HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 19 19 29

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1927, to February 19, 1929, that I last saw h alive on February 19, 1929, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Jaundice Metastasis

(duration) ____ yrs. 4 mos. ____ ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? Yes Date of June 1927

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J Patrick M. D.

Feb 21 1929 (Address) 936 Monument E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hampstead, Md — Date of Burial: 2-22 1929

20 UNDERTAKER: Edward C Tipton — ADDRESS: Hampstead Md

Key important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43270

CERTIFICATE OF DEATH.

101-001

E 43270

REGISTERED NO.

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No.) Hopkins Hospital St. 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jenkins

(a) RESIDENCE NO. 120 Colvin St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE: Years 40 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sparks, Md

(State or country)

PARENTS

10 NAME OF FATHER John H. Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Gep. Jenkins

(Address) 220 East St

15 Filed 19 Registrar

2-21-1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

2/22/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery em. Date of Burial: 2-22 19 29

20 UNDERTAKER: Byron Wright ADDRESS: 1218 Mc Elderry St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 43271

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Patterson Park Ave ST., 9-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Booth

(a) RESIDENCE NO. 517 N. Patterson Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Augusta Booth

7 DATE OF BIRTH (month, day, and year): Aug 13 - 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: George W. Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Burrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Augusta Booth

(Address): 517 Patterson Park Ave

Filed FEB 22 1929 JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12 - 1928 to Feb. 21 - 1929, that I last saw h[illegible] alive on Feb. 21 - 1929, and that death occurred, on the date stated above, at 1146 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis and high blood pressure

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremic convulsions

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

2/22/1929 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.).

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fremont County	Feb 25 1929
20 UNDERTAKER	ADDRESS
Mrs C. Miller & Son	235 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

E 43272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43272

CERTIFICATE OF DEATH.

74-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Nursery Child Hospital ST., [illegible] WARD)

2-FULL NAME Mary Gertrude Germs

(a) RESIDENCE NO. Nursery & Childs Hospt. Franklin & Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of John Edward Germs (dec)

6 DATE OF BIRTH (month, day, and year) May 6, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse maid

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer Nursery & Childs Hospt.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles L. Coleman

11 BIRTHPLACE OF FATHER (city or town) Elizabeth City (State or country) N. C.

12 MAIDEN NAME OF MOTHER Margaret W. Adrean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Fabber

(Address) 2226 Eastern Ave.

15 Filed [illegible] H. E. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1929 to Feb 20 1929

that I last saw h[illegible] alive on Feb 20 1929

and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) 15 min;

CONTRIBUTORY (Secondary) Thrombosed varicose veins (leg)

(duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Frederick [illegible] M. D.

(Address) 920 St Paul, Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Feb 23 1929

20 UNDERTAKER: Geo C Miller & Son — ADDRESS: 2334 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43273

CERTIFICATE OF DEATH

47

E 43273

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 723 N Curley ST., 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Schreck

(a) RESIDENCE NO. 723 N Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced RUSBAND of (or) WIFE of May Schreck.

DATE OF BIRTH (month, day, and year) April 23-1851

AGE Years	Months	Days 28	If LESS than 1 day, ...hrs. or ....min.
77	9	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Frederick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Louisa Simpson

(Address) 5121 N Linwood Ave

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 29

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 2, 1929, that I last saw h alive on Feb 2, 1929 and that death occurred, on the date stated above, at 5-36 A m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma Lung

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Recurrent Carcinoma Breast

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of Sept 1927

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Alma B Lemon M. D.

2/2 19 29 (Address) 718 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 25 1929
20 UNDERTAKER	ADDRESS
Mrs E Miller & Son	2354 Jeff

2-2 1929 HAMILTON JONES, M. D.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43274

CERTIFICATE OF DEATH.

E 43274

1-PLACE OF DEATH

REGISTERED NO. 1589

CITY OF BALTIMORE: (No. 11 Overhill Road St., Roland Park WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Robert F. Taylor

(a) RESIDENCE NO. 11 Overhill Road ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Florence F. Taylor

6 DATE OF BIRTH (month, day, and year) 1-16-67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

10 NAME OF FATHER: R. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: E. Tunstall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

Informant: Dr Thos O. Whitehead

(Address) 197 W. Coldspring Lane

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrissey, M. D. (Coroner.)

2/21 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Cem Waverly — DATE OF BURIAL: Feb 23" 1929

20 UNDERTAKER: Henry W Jenkins Sons Co — ADDRESS: Orchard & Eutaw Sts

FEB 22 1929 Registrar

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43275

CERTIFICATE OF DEATH.

90 E 43275

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Chase ST. 11-15 WARD)

2-FULL NAME Margarita S. Williams

(a) RESIDENCE NO. 107 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed or divorced (or) WIFE of Rudolph Williams

6 DATE OF BIRTH (month, day, and year) August 20th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	62	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stewart Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Anne Gill Brown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Rudolph Williams (Address) 107 E Chase St

Filed FEB 22 1929 H. J. JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 1926 to Feb 21st 1929, that I last saw her alive on Feb 21st 1929, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Mycocardia Decompensation

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Aortic Stenosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. B. Samuels Jr. M. D.

, 19 (Address) 26 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 2-23-29

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard Inc Eutaw

Spec.—2-29-28—L. F. S.—500 Blks.

E 43276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 43276

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Elyde ST., 26 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adam J. Hubert

(a) RESIDENCE NO. 3305 Elyde ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hubert.

DATE OF BIRTH (month, day, and year) Mch 7th 1859

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) at. Daugh's Edenwald

(c) Name of employer Worked (Canton)

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Peter Hubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Eva Hubert (Wife)

(Address) 3305 Elyde St.

Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

21329

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1929

17

I HEREBY CERTIFY, That I attended deceased from January 27 1929, to Feb. 21, 1929.

that I last saw h. alive on Feb. 20, 1929

and that death occurred, on the date stated above, at 5 15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Ernest Schlobohm M. D.

, 19 (Address) 806 S. Eden Bigelow.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Feb 25th 1929
20 UNDERTAKER Lilly + Zeiler Inc.	ADDRESS 403 S. Wolfe St

Spec.—2-29-28 [illegible] 500 Blks.

E 43277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 43277

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Dean ST., 26 WARD) 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Dietz

(a) RESIDENCE NO. 628 S. Dean ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the ward)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 21st 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER George Dietz

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Dresbach

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Mary Anna Dietz

(Address) 628 S. Dean St

Filed Feb 23, 1929 HARRISON JONES, M. D.
By [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 29

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 19..., to 2/20, 1929, that I last saw h. alive on 2/20, 1929 and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor
Carcinoma of bladder
Myocarditis (Chronic)
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Coronic dilatation
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) [signature] M. D.

[illegible] (Address) 633-S-34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Feb 23 1929

20 UNDERTAKER Lilly + Sisson Inc — ADDRESS 4033 Wash Blvd

Spec.—2-29-28—L. F. S.—500 Bks.

E 43278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43278

CERTIFICATE OF DEATH

47

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 216 N. Chester ST., 6-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia Simpson

(a) RESIDENCE NO. 216 N. Chester ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of Benj. W. Simpson

DATE OF BIRTH (month, day, and year) July 25 57

AGE	Years	Months	Days	if LESS than 1 day, ...hrs. or ...min.
	77	6	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER John Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Wm Simpson

(Address) 216 N. Chester St.

Filed 2/20 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 19/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb. 19, 1929, that I last saw her alive on " 18 " and that death occurred, on the date stated above, at 6 20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. V. Iser, M. D.

2/20/29 (Address) 408 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	2/22 1929
20 UNDERTAKER Philip Herring	ADDRESS 2016 Orleans St.

Spec.—1-12-23—M&T—500 Blks.

E 43279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43279

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Gilmor ST. 1927 WARD)

2-FULL NAME Edward Ware

(a) RESIDENCE No. 231 N. Gilmor ST, WARD
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	22		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Employed at coal yard

(c) Name of employer Pratt Coal Co.

9 BIRTHPLACE (City or town) Chas. Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER William Ware

11 BIRTHPLACE OF FATHER (city or town) Chas. Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Mathews

13 BIRTHPLACE OF MOTHER (city or town) Chas. Co.
(State or country) Md.

14 Informant Rose Mathews
(Address) 231 N. Gilmor St.

15 Filed 3 22 1929 C. H[illegible] JONES, M. D. Registrar
BY [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929 to Feb. 18, 1929, that I last saw him alive on Feb. 18, 1929 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

About (duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Feb 23 1929

20 UNDERTAKER Mrs Kate R. Williams — ADDRESS 322 N Schroeder St

See letter on file from Minnie Steel
R M Buchanan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43280 Changing name to Shannon 3-5-1924

CERTIFICATE OF DEATH

7151

E 43280

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto Gen'l Hosp ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Steel Shannon

(a) RESIDENCE NO. 824 N Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Steel

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant William Thomas

(Address) 824 N. Vincent St.

Filed FEB 22 1929 19 C. HARRISON JONES, Jr. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19/29

17

I HEREBY CERTIFY, That I attended deceased from 2/11, 19 29, to 2/19, 19 29,

that I last saw h[illegible] alive on 2/19, 19 29

and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lt Lung

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical Findings

(Signed) R. M. Buchanan, M. D.

, 19 (Address) Balto Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Feb 22, 1929
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 3221 Schroeder St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43281

CERTIFICATE OF DEATH.

90

E 43281

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5931 Belair Road St. No. 42 (Ward)

2-FULL NAME Caleb C. Kirby

(a) RESIDENCE NO. 5931 Belair Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Kirby

6 DATE OF BIRTH (month, day, and year) Oct 15/1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Caleb J. Kirby

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Coleman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Ida M. Kirby

(Address) 5931 Belair Road

15 FILED 2/22/29 G. HARRY KONES, M. D. Registrar

BY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

18 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — Date of Burial Feb. 23 1929

20 UNDERTAKER Frederick Leuchtenberg — ADDRESS Fulton

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43282 ✓ + 32 E 43282

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-454

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. (WARD)

2—FULL NAME George McCullough

(a) RESIDENCE NO. Ellicott City, Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug 20th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md.

10 NAME OF FATHER Francis McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mother

(Address) Ellicott City Md

Filed Feb 25, 1929 H. [illegible] Wills M.D. Registrar

221929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 22, 1929, that I last saw h[illegible] alive on Feb 21, 1929 and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Encephalitis.

Tuberculous Meningitis.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? (At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar puncture + autopsy.

(Signed) W. W. Swarthwelder, M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cem.	Feb. 25, 1929
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Campbell ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43283

CERTIFICATE OF DEATH

46

E 43283

1—PLACE OF DEATH

REGISTERED NO. 24-34

CITY OF BALTIMORE: (No. 1700 Little Williams ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catharine Wengert

(a) RESIDENCE NO. 1700 Little Williams ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wengert

6 DATE OF BIRTH (month, day, and year) June 15, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (07)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Catharine Wengert

(Address) Brooklyn Md

Filed 2-27-1929, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Feb 22, 1929, that I last saw h[illegible] alive on Feb 21, 1929 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Debilitation (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Campbell, M. D.

2/22, 19 29 (Address) 1644 Hanover St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 2-24 19 29

20 UNDERTAKER W. C. Cook

ADDRESS 1217 Eutaw St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 ✓ 1

E 43284 PLACE OF DEATH Hillsdale, 2453 Cottondale Lane, Baltimore

REGISTERED No. 43284

CITY OF BALTIMORE (No. 24-65 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Negro Edward Simmons

(Residence in Baltimore: No. Hillsdale Balto St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	M

6 DATE OF BIRTH: Nov (Month) 10 (Day), 1927 (Year)

7 AGE: 41 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tool
(b) General nature of industry, business, or establishment in which employed (or employer): Ford

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Edward Simmons

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Athenia Manning

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Simmons
(Address) 2453 Cottondale Lane

15 FEB 22 1929 Filed, 191 HAMPSON JONES, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 20 (Day), 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 (12 hours), 1929, to Feb 20 1929, that I saw her alive on Feb 20, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease Broncho pneumonia.

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Auto accident Skull fracture

(Duration) yrs. mos. 1 ds.

(Signed) Chas. L. R. Morris M. D.

191 (Address) Hillsdale Balto.

Valvular Heart Disease Accident Skull fracture Dr. Chas. L. R. Morris

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Feb 23, 1929

20 UNDERTAKER: Joseph Byrne ADDRESS: 1600 Warwick Ave

Page important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43285
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 Darley Ave St. 45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A. Rudolph

(a) Residence No. 1626 Darley Ave St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 28/859

7-AGE. 69 yrs. 10 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). Odd

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Ernst Rudolph

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Matilda Vogle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant). Walter Rudolph

(Address) 4005 Tharsley Ave Waverly

15-

Filed 3 22 1929 (Date) 192 (Signature) Ralph Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-19-29

17- I HEREBY CERTIFY, That I attended deceased from 1.4.29, 19 to 2.19.29, 19 that I last saw h[illegible] alive on 2.19.29, 19 and that death occurred, on the date stated above, at 8:45 P M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical-Microscopic Chemical.

(Signed) Philip B. Taylor M. D.

2.20.29 (Address) 1432 William St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Pauls-Druid Hill Pk. DATE OF BURIAL. 2-22-29

20-UNDERTAKER. McChas A G Robde ADDRESS 2327 Edmondson Ave

Spec– 12-23-21–E.B.R.S.—400 Bks.

E 43286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 43286

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4415 Park Heights Av St., 15-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Syron

(a) Residence No. 4415 Park Heights Av St., 27 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Approx. 50 yrs. mos. ds. How long in U. S., if of foreign birth? Approx 60 years

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND ~~of (or)~~ WIFE of Thomas Syron

6-DATE OF BIRTH (month, day and year) Nov. 11-1865

7-AGE 63 yrs. 3 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Foxford Co Mayo Ireland

PARENTS

10-NAME OF FATHER, John O'Connor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Foxford Co. Mayo Ire

12-MAIDEN NAME OF MOTHER, Ann O'Connor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Foxford Co. Mayo Ireland

14- (Informant) Chas. Syron

(Address) 519 N. Holley St

15- Filed 2 2 1929 C. HOWARD JONES, M. D. Registrar.

By K.O.C.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 20 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1929 to Feb 20 1929

that I last saw h[illegible] alive on Feb 20 1929

and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J Wells M. D

Feb 21, 1929 (Address) 5274 Park Heights Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 23, 1929

20-UNDERTAKER, E. Le Roy Steffe — ADDRESS, 1258 North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43287 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

REGISTERED NO. E 43287

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 601 Paca ST., 17-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Coleman

(a) RESIDENCE NO. 601 Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Coleman

7 DATE OF BIRTH (month, day, and year): 1880

8 AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Riddle Stith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Steve

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: James Coleman

(Address) 601 Paca St.

Filed DEC 22 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Feb 18, 1929, that I last saw h[illegible] alive on Feb 17, 1929 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) J S Hunkins, M. D.

, 19 (Address) 1207 N Dukeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Petersburg Va

DATE OF BURIAL: 12/22 1928

20 UNDERTAKER: Samuel Kemsley

ADDRESS: 1 N Bradford

Spec.—1-12-23—M&T—500 Bks.

E 43288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 2 E 43288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen Hosp (St.) (Rd.)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Burke

(a) RESIDENCE No. 715 W Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannorah Cashman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs L Loeland

(Address) 730 Hanover Ave Balto

15 Filed 2 1929 19 E. H. JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1929, to Feb 21, 1929, that I last saw h[illegible] alive on Feb. 21, 1929, and that death occurred, on the date stated above, at 11 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj Sandlin, M. D.

2/21, 1929 (Address) West Balto. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md | DATE OF BURIAL 2/25/29

20 UNDERTAKER Geo Fuller Sutton | ADDRESS Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43289

CERTIFICATE OF DEATH

11-001

E 43289

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 711 N Linwood St. 11 WARD)

2—FULL NAME Alice Dyedrow

(a) RESIDENCE NO. 711 N Linwood Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Dudrow

DATE OF BIRTH (month, day, and year) Sept 4 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Alford Bramble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Given

Informant Alma McKeown

(Address) 711 N Linwood Ave

Filed Feb 2 1929, 19 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 19 29 to Feb 20 19 29

that I last saw h[illegible] alive on Feb 20 19 29

and that death occurred, on the date stated above, at 10:40 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Feb 22 19 29 (Address) 700 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 23 1929
20 UNDERTAKER	ADDRESS
Geo M. Emick & Son	811 N Wolfe

Spec.-7-17-26—A Co.—200 Bks.

E 43290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 ✓

REGISTERED NO. E 43290

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 24-35 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank McHale

(a) RESIDENCE NO. 1606 E Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Frank McHale

6 DATE OF BIRTH (month, day, and year): Sept 30, 1902

7 AGE: Years 26 Months 4 Days 21 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Michael McHale

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Ann McCabe

13 BIRTHPLACE OF MOTHER (city or town): Scotland

(State or country)

14 Informant: Helen McHale

(Address): 1606 E. Clement St

Filed ..... 19..... Registrar

21529

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 2/20/29

17 I HEREBY CERTIFY, That I attended deceased from 2-19-29, 19..., to 2-20-29, 19...,

that I last saw h[illegible] alive on 2-20-29, 19...,

and that death occurred, on the date stated above, at 8 45 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank W Geller M. D.

2/20 19 29 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. — Date of Burial: Feb 23, 29

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: 1422 Light St

C[illegible] [illegible] M. D.

Dec

Cor.—12-9-25—A Co.—200 Bks.

43291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43291

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St Agnes Hospital 25-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Back

(a) RESIDENCE NO. Frederick & Gardiner Ave St. Catonsville Ward Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M.

6 DATE OF BIRTH (month, day, and year) Apr 19, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer) City Pumping Station

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Balthaser Back

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Annie Muller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Maggie Back

(Address) Frederick & Gardiner Ave Catonsville Md

15 Filed FEB 22 1929 by C. H. Bond, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Automobile

Fracture of Skull & Lacerated wound with Left Frontal Sinus (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

(Signed) Chas H Broosle M. D. (Coroner)

2-20 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkridge Md Date of Burial Feb 23 1929

20 UNDERTAKER Henry H. Weltze ADDRESS 1551 N. Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

E 43292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 118 E 43292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin (Street) (Ward) 21

2-FULL NAME Mrs Anna Kempf

(a) RESIDENCE No. 3910 Edmondson Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kempf

6 DATE OF BIRTH (month, day, and year) July 23, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	44	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peter J. Rebel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edward Kempf

(Address) 3910 Edmondson Ave.

15 Filed 19 [illegible] Registrar

R 22178

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21 1929

17 I HEREBY CERTIFY, That I attended deceased from February 15, 1929, to February 21, 1929, that I last saw h[illegible] alive on February 21, 1929, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Paralytic ileus

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 16 29

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

, 19 (Address) 8 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 2/25/29

20 UNDERTAKER Harry N. Witte

ADDRESS 1531 N Lombard

Spec.—2-29-28—L. P. S.—500 Blks.

E 43293 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓E 43293

93

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Mt. Royal Terrace ST. 14-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Emma Sees

(a) RESIDENCE NO. 2126 Mt. Royal Terrace ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth 59 yrs. 1 mos. 9 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Sees

DATE OF BIRTH (month, day, and year) Jan-12-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Pittsburg
(State or country) Penna.

10 NAME OF FATHER Charles Conrad

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Bochmer

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) Germany

Informant Mr. Charles W. Sees (husband)

(Address) 2126 Mt. Royal Terrace

Filed FEB 23 1929 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/29.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1929, to Feb. 21, 1929, that I last saw h[illegible] alive on Feb. 19, 1929 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Embolus. sudden

CONTRIBUTORY (Secondary) Phlebitis Left femoral vein (duration) yrs. mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Wm Lee E. Blake M. D.

, 19 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb-23-29 19
20 UNDERTAKER STEWART & MOWEN COMPANY, WILLIAM E. MOWEN, Successor	ADDRESS 108 W. NORTH AVE.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43294

E 43294

CERTIFICATE OF DEATH

REGISTERED NO. 10-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sherwood Hotel ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Hoffman Warfield

(a) RESIDENCE NO. Sherwood Hotel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustuvas Warfield

DATE OF BIRTH (month, day, and year) Dec-25-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Unknown
(State or country) W.Va.

10 NAME OF FATHER Henry K.Hoffman

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) ? ?

12 MAIDEN NAME OF MOTHER Lucy Winston

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) Va.

Informant Mrs.Sallie Warfield Beck, daughter

(Address) Charles & 32nd Sts., City.

Filed 2-24-1929, 19 C. EMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1929, to Feb 21st, 1929, that I last saw h[illegible] alive on Feb 21st, 1929 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Right Lung

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Ch. Valv. Endocarditis (duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jefferson Beck M. D.

2/22, 19 29 (Address) 200 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood, Howard Co., Md.

DATE OF BURIAL Feb-25-29 19

20 UNDERTAKER [illegible] STUART & MOWEN COMPANY [illegible] WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43295

CERTIFICATE OF DEATH

101-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Madeira ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Hradsky

(a) RESIDENCE NO. 413 N. Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., If foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Hradsky

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Wenceslaus Hradsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Anna Hradsky

(Address) 413 N. Madeira St.

Filed FEB 21 1929, 19

Per HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to Feb. 21, 1929

that I last saw h[illegible] alive on Feb. 20, 1929

and that death occurred, on the date stated above, at 12[25] A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Hoke, M. D.

, 19 (Address) 845 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb. 25 1929

20 UNDERTAKER Hunt & Crockett Co 1916 Eutaw Pl — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43296

CERTIFICATE OF DEATH.

90 E 43296

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4135 3d St. (or Ward) 26-37

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grazio Parisi

(a) RESIDENCE NO. 4132 E. 3d St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Giovanni Parisi

6 DATE OF BIRTH (month, day, and year) 11/20/1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Italy

PARENTS

10 NAME OF FATHER Santo Fidi

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Italy

14 Informant Domenick Sergi

(Address) 4135 3rd St

15 Filed 1 1929 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 6 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H. Hanson M. D.
(Coroner)

1/22 1929 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — Date of Burial: 1 23 1929

20 UNDERTAKER: George & Ruth — ADDRESS: 1735 Harford Ave

Cor.—10-10-29—A Co.—100 Bks.

4 Lines

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43297

101-981

E 43297

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 908 Park Ave St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Barker

(a) RESIDENCE NO. 908 Park ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 40 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Md

PARENTS

10 NAME OF FATHER: John Barker

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Carr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md

14 Informant: Fred W Barker
(Address): 908 Park ave.

15 Filed ..... E. Hampson Jones M. D. Registrar
Per ORH

2 31929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 908 Park Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. Leo Kirsch, M. D.

Feb 22/29 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Annapolis MD

DATE OF BURIAL: 2-23-29

20 UNDERTAKER: David Carton

ADDRESS 916 Carey

Temporary Cert. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43298

CERTIFICATE OF DEATH.

90 E 43298

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 S. Sharp St. St. 23-3 Ward)

2-FULL NAME Roxey Bailey. (C)

(a) RESIDENCE NO. 912 S. Sharp St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF William Bailey. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Warner Yewell. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Alverta Smothers. (C) daughter.

(Address) 912 S. Sharp St.

15 Filed 19

Per Registrar

3 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

2/20 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

Date of Burial 2-23 1929

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1421 Jefferson St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43299

E 43299

CERTIFICATE OF DEATH

X 129

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Park Ave ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jesse Joiner

(a) RESIDENCE NO. 1202 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) W. Farmer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) McIntyre Georgia

10 NAME OF FATHER Russell Joiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Westcoma

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Clara Joiner

(Address) Roland Park Apts

Filed ....., 19 .....

3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Feb 21, 1929

that I last saw him alive on Feb 21, 1929

and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary

(Signed) Dr. Cuchat, M. D.

2/22 1929 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ga	2/23 1929

20 UNDERTAKER Samuel Hemsley ADDRESS 578 Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43300 E 43300

CERTIFICATE OF DEATH

143-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 500 Kesmont ave ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida M. Schilff

(a) RESIDENCE NO. 500 Kesmont ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick Schilff

DATE OF BIRTH (month, day, and year) Dec. 27. 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39		0	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER William Geoghegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Fredrick Schilff

(Address) 500 Kesmont ave

Filed 2 3 1929, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 - 1929

17

I HEREBY CERTIFY, That I attended deceased from July 17, 19 29 to July 24, 19 29

that I last saw h[illegible] alive on July 20, 19 29

and that death occurred, on the date stated above, at 10 25 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Abortion at 4½ Months Interval Gestation

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Abortion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical and Clinical

(Signed) Geo. L. Wilkins M. D.

July 4th, 19 29 (Address) 224 E. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	2 25 1929
20 UNDERTAKER	ADDRESS
George J Ruth	1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

E 43301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43301

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS [redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ..... ST., 19-28 (WARD)

REGISTERED NO. 91-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wood

(a) RESIDENCE No. 140 S W. Lombard ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lillie Wood

6 DATE OF BIRTH (month, day, and year): ? 1851

7 AGE: 78 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Records BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-21 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-22, 1928, to 2-21, 1929, that I last saw him alive on 2-21, 1929, and that death occurred, on the date stated above, at 8⁰⁰ P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral, with Psychosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension, Cachexia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Path.

(Signed) ..... M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Dis[redacted]nt Causes, state (1) Means and Nature of Injury, and [illegible] Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LORRAINE CEM — DATE OF BURIAL: 3/25 1929

20 UNDERTAKER: ROBERT BROOKS SON — ADDRESS: Calhoun Hollins

Apr

Spec.—2-29-28—L. F. S.—500 Blks.

E 43302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 E 43302

1—PLACE OF DEATH

REGISTERED NO. 4455

CITY OF BALTIMORE: (No. Maryland Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lakie Soles

(a) RESIDENCE NO. 5247 Fondon Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie May Soles.

7 DATE OF BIRTH (month, day, and year) May 29 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER Hubert Soles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Eliz Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Hospital records

(Address)

31929 By C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 22, 1929, that I last saw h alive on Feb 22, 1929, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Jno A Compton, M. D.

(Address) 1 W Mt Clare

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Ohio	Feb. 24, 1929
20 UNDERTAKER Fletcher & Sons	ADDRESS North & Pa

Spec.—2-29-28—L. F. S.—500 Bks.

E 43303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 E 43303

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 S. Kresson ST. (WARD) 26-37

2—FULL NAME Lilly M. Adams

(a) RESIDENCE NO. 21 S. Kresson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Adams

DATE OF BIRTH (month, day, and year) ✓

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Richard Marsden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary J. Lusby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Mary F. Marsden

(Address) 1500 Gutaw Place

Filed FEB 23 1929 C. [illegible] JONES, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 19 29, to Feb. 21, 19 29

that I last saw h alive on Feb. 20, 19 29

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease
Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial insuff.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace T. Armiger, M. D.

2/23, 19 29 (Address) 1630 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 23 1929
20 UNDERTAKER	ADDRESS
Wm. J. Tickner Sons	N. & Pa.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43304

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH Govans

REGISTERED NO. 21-48

CITY OF BALTIMORE: (No. 6017 Clear Spring Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Ward

(a) RESIDENCE NO. 6017 Clear Spring Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Ward

6b DATE OF BIRTH (month, day, and year) Oct 28 1889

7 AGE: 39 Years | Months 3 | Days 25 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Calvert Co.

10 NAME OF FATHER John Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co.

12 MAIDEN NAME OF MOTHER Rebecca Wilkerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co

Informant: Husband Jame Ward

(Address) 6017 Clear Spring ave.

Filed Feb 24, 1929 Govans.

31928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Feb 22, 1929,

that I last saw h alive on Feb 22, 1929,

and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Chronic Nephritis - Chronic Myocarditis

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) S. V. Bishop, M. D.

Feb 23, 1929 (Address) 501 Sheridan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cem.

DATE OF BURIAL: Feb 24 1929

20 UNDERTAKER: John Burns Sons

ADDRESS: Towson Md.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43305

E 43305

CERTIFICATE OF DEATH

91-002

REGISTERED NO. 21-24

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Carroll ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Workington Spillman

(a) RESIDENCE NO. 1219 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Spillman

6 DATE OF BIRTH (month, day, and year): Aug 4 1850

7 AGE: Years 78 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrical Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 029

(c) Name of employer: C. P. Telephone Co

9 BIRTHPLACE (city or town) (State or country): Lancaster Co Va

10 NAME OF FATHER: Stokely J. Spillman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lancaster Co Va

12 MAIDEN NAME OF MOTHER: Lucy B. Chilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredericksburg Va

Informant: Mrs Kate Spillman

(Address) 1219 Carroll St

Filed ..... 19 ..... Registrar

3 MAR 29 MKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1929 to Feb 22 1929.

that I last saw h alive on Feb 21 1929

and that death occurred, on the date stated above, at 8 PM m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Gangrene right foot (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

2/22 1929 (Address) 517 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy

DATE OF BURIAL: Feb 25 1929

20 UNDERTAKER: Jos Sanders Son

ADDRESS: 217 S. Pac

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43306 — CERTIFICATE OF DEATH — 129 E 43306

E 43306

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Jefferson ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jeminah Driver

(a) RESIDENCE NO. 1502 Jefferson ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Driver

6 DATE OF BIRTH (month, day, and year) June 15 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

10 NAME OF FATHER Jeminah Driver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lilly Driver

(Address) 1502 Jefferson St

Filed FEB 23 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929 to Feb 21, 1929

that I last saw him alive on Feb 21, 1929

and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

Feb 21, 1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	2/24/29

20 UNDERTAKER Wm. P. G. Elliott

ADDRESS [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 43307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43307

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1226 Edward ST., 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Gibson

(a) RESIDENCE NO. 1226 Edward ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Gibson

DATE OF BIRTH (month, day, and year) Sept 5, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Clayton Jackson

(Address) 1225 Edward st.

Filed 2 1929 C. FRANKLIN JONES Registrar

231929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 22, 1929, that I last saw her alive on Feb 22, 1929 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) No

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Feb 28 1929 (Address) 808 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loshy Cemetery	2/25/29
20 UNDERTAKER	ADDRESS
Geo. R. G. Elliot	1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

2 42 54 43308

HEALTH DEPARTMENT—CITY OF BALTIMORE 43308

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Williams

(a) RESIDENCE NO. 518 Central Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag factory worker

(b) General nature of industry, business, or establishment in which employed (or employer) Odo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Martha Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

Filed 2-3-1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929 to Feb 20, 1929, that I last saw h[illegible] alive on Feb 20, 1929, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Septicaemia

4-5 Days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at work.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) C. H. Briggs M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 2/23/29

20 UNDERTAKER Wm. P. G. Elliott — ADDRESS 1725 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43309

CERTIFICATE OF DEATH

100-001

E 43309

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N Eden ST. 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Williams

(a) RESIDENCE NO. 301 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Baby

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Portsmouth Va

10 NAME OF FATHER George Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Gracie Brown Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: George Williams

(Address): 301 N Eden St

Filed 2-29 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1928

17 I HEREBY CERTIFY That I attended deceased from Feb 3 1928 to Feb 21 1928 that I last saw h live on Feb 21 1928 and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-21 1928 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va	Feb 24 1928
20 UNDERTAKER	ADDRESS
Wilton Bros.	413 N Eden St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43310

E 43310

CERTIFICATE OF DEATH

101-09

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Dalfield (Dolfield)

(a) RESIDENCE NO. 1514 Madison ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) British Isles

PARENTS

10 NAME OF FATHER Wm. Dalfield

11 BIRTHPLACE OF FATHER (City or town)

(State or country) British Isles

12 MAIDEN NAME OF MOTHER Elizabeth Barton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

14 Informant (Address) Mary Dalfield 1514 Madison Ave

15 Filed 19 Registrar

3 1929

LKD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/29

17 I HEREBY CERTIFY, That I attended deceased from 2/15/29, 19 to 2/27/29, 19

that I last saw h alive on 2/22/29, 19

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Hurtead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 2/25/1929

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill

Any inquiries, see instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43311

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO. 76-39

CITY OF BALTIMORE: (No. 3608 Robert Place ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen M. McDonough

(a) RESIDENCE NO. 3608 Robert Place WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1910

7 AGE: Years 18 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Martin M. McDonough

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Bell Kratz

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Martin M. McDonough

(Address) 3608 Robert Place

15 Filed Feb 23 1929, 19

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21st/29

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 19 28 to Feb. 21st, 19 29

that I last saw h[illegible] alive on Feb. 19th, 19 29

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. 7 mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & X-ray examination

(Signed) Thos E Habliston M. D.

19 (Address) 1046 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Feb. 25th 1929

20 UNDERTAKER: Lilly & Feiler Inc.

ADDRESS: 403 N. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43312

74-00

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Josephs Hospital ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Tierney

(a) RESIDENCE NO. 20 South Robinson ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Tierney.

6 DATE OF BIRTH (month, day, and year) July 16th 1885

7 AGE: Years 43 | Months 7 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Thos. Cusick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cathe Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant John J Tierney (Husband)
(Address) 20 S. Robinson St.

15 Filed 3-1929 G. H. [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1929, to Feb. 21, 1929, that I last saw her alive on Feb. 21, 1929 and that death occurred, on the date stated above, at 5.25 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. Eupton, M. D.

2-21, 1929 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 25. 1929

20 UNDERTAKER: J. Lilly & Sons Inc. — ADDRESS: 1038 N. Howard St.

Spec.—1-12-23—M&T—500 Blks.

E 43313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43313

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 857 Harlem Ave. (ST.) 16-26 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Holmes

(a) RESIDENCE NO. 857 Harlem Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie Holmes

6 DATE OF BIRTH (month, day, and year) Mar. 25, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	48	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [redacted]

(c) Name of employer City.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Daniel Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hanna Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lottie Holmes
(Address) 857 Harlem Ave.

15 Filed 3 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1929 to Feb. 20 1929 that I last saw him alive on Feb. 20 1929 and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinomata of Stomach

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter U. Jackson M. D.

1929 (Address) 1651 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Feb 23 1929

20 UNDERTAKER Joseph A. Sively ADDRESS 409 N Mount St

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Brady 1403 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43314

CERTIFICATE OF DEATH

90 E 43314

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3612 Springdale Ave ST., 26-64 WARD

2—FULL NAME Thomas G Sturlock

(a) RESIDENCE NO. 3612 Springdale Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Madeline Sturlock

6 DATE OF BIRTH (month, day, and year): Jan 29 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	24	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Editor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: William Sturlock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Jessie Loisal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Madeline Sturlock

(Address) 3612 Springdale Ave

Filed ... 19 ... C. H. ... Registrar

3 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22 1929

17 I HEREBY CERTIFY, that I attended deceased from Aug ... 1927 ... Feb 22 ... 1929

that I last saw h... alive on Feb 21 1929

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Cardiac Hypertrophy
Mitral Regurgitation

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) W. A. Wright M. D.

... 19 ... (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Plummers

DATE OF BURIAL: 2-25 1929

20 UNDERTAKER: Sullivan Cook

ADDRESS: 1217 E. Fayette St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43315

CERTIFICATE OF DEATH.

188-183

E 43315

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. W. Balto Gen Hosp 14-29 Ward)

2-FULL NAME Harry F. Getz.

(a) RESIDENCE No. 1307 W Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24-1871

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
57	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Fred Getz

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Roy Schmitz

(Address) 2132 Presbury Blvd

15 Filed 19

Registrar

23 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 24 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Struck by Automobile

(Duration) yrs. mos. 3 ds.

(Secondary)

(Duration) mos. ds.

(Signed) H. F. Getz M. D.

(Coroner)

Feb 27, 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted if not at place of death? In front 2537 Edmondson Ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Mar 25 1929

20 UNDERTAKER J. W. Cook ADDRESS 1217 E Monument

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43316 ✓ 111-00 E 43316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. Broadways and Fairmount 54 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Gordon

(a) RESIDENCE NO. 701 Monticello ave St. Ward Norfolk, Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 21 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Gordon

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Gordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Lena Gordon

(Address) Norfolk Va

15 [illegible] Registrar

3 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 Feb. 21

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb. 21, 1929 that I last saw him alive on Feb. 21, 1929, and that death occurred, on the date stated above, at 2 1/2 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) mos. 3 ds.

CONTRIBUTORY (Secondary) Post pericarditis

Jaundice - enterolysis - ruptured gall bladder

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 2-15-29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B. Fuhrman, M. D.

Feb. 19 29 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial 2/23 1929

20 UNDERTAKER Jacob Levis ADDRESS 1439 E. Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Lally 3519 Edmondson Ave

E 43317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 43317

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 809 N. Barre ST. (WARD) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth C Kobey

(a) RESIDENCE NO. 809 N. Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Kobey.

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Adam Ille

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Trogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Kobey

(Address) 809 N. Barre St

15 Filed 2-8 1929 19 C. Hartman Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22. 1929

17 I HEREBY CERTIFY, That I attended deceased from February 7, 1929, to February 22, 1929, that I last saw her alive on February 12, 1929, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. A. Lally, M. D.

. 19 (Address) 3519 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Cem	2-26 19 29
20 UNDERTAKER E. M. Cook	ADDRESS 1219 E Pratt St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 113 E 43318

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Josephs Hosp ST., 4-17 WARD)

2—FULL NAME Lois Mae Francis

(a) RESIDENCE NO. Oak Hill Ave ST., Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daughter

7 DATE OF BIRTH (month, day, and year): May 15, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Fullerton Md

10 NAME OF FATHER: Raymond Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Zafra.

12 MAIDEN NAME OF MOTHER: Theresa Hund

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Falls Md

Informant: Raymond Francis

(Address) 4908 Crowson Ave

Filed 3 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24-1929

17 I HEREBY CERTIFY, That I attended deceased from Jt. 11, 1929, to Feb 21, 1929, that I last saw her alive on Feb. 21, 1929 and that death occurred, on the date stated above, at 2 35 P.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Bronchi-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

[illegible] N. Elkton, M. D.

[illegible] 21, 1929 (Address) St Josephs Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	Feb 23 1929
20 UNDERTAKER: Chas. L. Stevens	ADDRESS: 1506 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 43573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43319

CERTIFICATE OF DEATH. 100-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Scruggs

(a) RESIDENCE No. 703 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1919

7 AGE: Years 10 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: school girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mame Scruggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Rural Route

15 FILED 3 1929 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 22, 1929, that I last saw h[illegible] alive on Feb 22, 1929, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

CONTRIBUTORY (Secondary) Empyema (duration) yrs. mos 5 ds.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? For Empyema Date of 2-18-29.

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes.

(Signed) James A Miller, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: Feb. 24 1929

20 UNDERTAKER: Robert F. Hopkins — ADDRESS: 1258 Valley

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43320

CERTIFICATE OF DEATH.

101-001

E 43320

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 S. 14th St., 16-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alexander Wisniewski

(a) Residence No. 520 S 14th St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 11-1912

7-AGE. 17 yrs. 1 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labour.

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), New Brunswick Pa.

PARENTS:

10-NAME OF FATHER. Stanislaw Wisniewski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland.

12-MAIDEN NAME OF MOTHER. Anna Baranicz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Allenby Pa.

14- (Informant) Stanislaus Wisniewski

(Address) 520 New York St.

15- Filed 1929 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 27 29

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1929 to Feb. 27 1929.

that I last saw h[illegible] alive on Feb. 27 1929

and that death occurred, on the date stated above, at 2.40 P.M.

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

Lobar Pneumonia

(Duration) yrs. mos. 6 ds

CONTRIBUTORY (Secondary) A.C. Insufficiency

(Duration) yrs. mos. 4 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Herbert M. Greenberg M. D.

Feb 27, 1929 (Address) 4617 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Stanislaw Cem.	Feb 25 1929

20-UNDERTAKER.	ADDRESS
George A. Weber	705 S. Lanvale

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43321

CERTIFICATE OF DEATH

45 E 43321

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3001 Fait ave. ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Bokoz

(a) RESIDENCE NO. 3001 Fait ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	married.

6a If married, widowed, or divorced (or) WIFE of Casmier Bokoz

6 DATE OF BIRTH (month, day, and year) May-16-1896.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	9	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER Antoni Mazjewski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Eva Wierozyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Casmier Bokoz

(Address) 3001 Fait ave

Filed ..., 19... Registrar

3 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 22, 1929, that I last saw her alive on Feb. 22nd, 1929 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines and Peritonium

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) M. Abramowitz, M. D.

, 19 (Address) 1705-7 E. Balt. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sts Stanislaus Cemetery	Feb 26 1929
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Ann st

Spec.—2-29-28—L. F. S.—500 Bks.

E 43322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43322

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 12-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wylie L. Lambert

(a) RESIDENCE NO. Bakersville, N. C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1864

7 AGE: 63 Years 10 Months 6 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N. C

10 NAME OF FATHER: T. Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Luenda Shoemaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Dr. Wylie Lambert

(Address) Bakersville N. C.

15 Filed 3 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1929, to Feb. 22, 1929, that I last saw him alive on Feb. 22, 1929 and that death occurred, on the date stated above, at 10:33 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (All. Colly)

Surgical Shock

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Selerotic Cardio-Vas. Disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-21-29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Hallam Jones, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bakersville N. C. DATE OF BURIAL: Feb 24 1929

20 UNDERTAKER: Stewart & Morris ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 43323 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43323

CERTIFICATE OF DEATH. 1180

1-PLACE OF DEATH Woman's Hosp

CITY OF BALTIMORE: (No. Irene ST. 12-50 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Margaret Sapp

(a) RESIDENCE No. 2408 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs 2 mos 2 ds How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 21, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoress

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas H Sapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mr. Chas. H. Sapp- (father) 2408 N. Calvert St. city

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/29

17 I HEREBY CERTIFY, That I attended deceased from 2/22, 1929, to 2/25/, 1929, that I last saw h[illegible] alive on 2/25/, 1929, and that death occurred, on the date stated above, at 12:15 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 2408 N. Calvert St.

Did an operation precede death? Yes Date of 2/24/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert S. McCreary, M. D.

, 19 (Address) Woman's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL Feb 28 1929.

20 UNDERTAKER Stewart & Co ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

E 43324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hosp. REGISTERED NO. 324

CITY OF BALTIMORE: (No. 1H-20 1st. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marion Thomas

(a) RESIDENCE NO. Elliott City Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Clark Thomas

6 DATE OF BIRTH (month, day, and year): Apr. 20 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard County

PARENTS

10 NAME OF FATHER: Marion A. Brian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Emilie A. Brannan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Hosp Records

15 Filed 3-24 1929 NAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 23, 1929, that I last saw her alive on Feb 23, 1929, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

intestinal obstruction

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute gangrenous appendicitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Howard County

Did an operation precede death? Yes Date of 2/19/29

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Robert L. McElroy, M. D.

, 19 (Address) Woman's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cem

DATE OF BURIAL: Feb. 26 1929

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43325

CERTIFICATE OF DEATH.

47

E 43325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Division ST. 1724 WARD)

2-FULL NAME Amelia Davis

(a) RESIDENCE NO. 1310 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
female	Colord	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of eduard davis

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Robert maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER harriet Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant eduard davis

(Address) 1310 Division st

15 Filed FEB 24 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1929

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1929, to Feb. 21, 1929, that I last saw h alive on Feb. 21, 1929 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Shelley, M. D

2/22 1929 (Address) 1220 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2/24 1929

20 UNDERTAKER John H. Loadman

ADDRESS 1029 Linden Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Hannah Trainer ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43326

1—PLACE OF DEATH

CERTIFICATE OF DEATH

90

E 43326

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2023 Maryland Ave. ST. 12-20 (WARD)

2—FULL NAME Hannah Trainer

(a) RESIDENCE NO. 2023 Maryland Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

DATE OF BIRTH (month, day, and year) Mar. 1 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Bernard Trainer CORRECT

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah Trainor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Patrick Sherry

(Address) 819 Madison Ave.

Filed ..... 19 ..... C. HAMILL JONES, M. D. Registrar

2 4 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1928, to Feb 22 1929, that I last saw ~~her~~ alive on 2/22 1929, and that death occurred, on the date stated above, at 8-10 A. m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac. Dilatation heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Hall, M. D.

2/24, 1929 (Address) 2010 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/25/29
20 UNDERTAKER	19
Henry W. Meats & Son	ADDRESS 805 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

222321 E 43327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 13-54 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Barnack

(a) RESIDENCE No. 2433 Woodbrook Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) centenarian

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Barnack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Dale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed 2 4 1929 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1929 to Feb 22 1929, that I last saw him alive on Feb 22 1929, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Epithelioma left

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? yes Date of Feb 13/29

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Harold Hamilton Jones, M. D.

Feb 23 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster co Va

DATE OF BURIAL Feb 24 1929

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Blks.

Lizzie Gibson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43328

CERTIFICATE OF DEATH

129 E 43328

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Fairmount ST. 18-16 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lizzie Gibson

(a) RESIDENCE NO. 815 Fairmount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widow

a If married, widowed, or divorced
(or) WIFE of Leonard Gibson

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U

12 MAIDEN NAME OF MOTHER U

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U

Informant Rosy Green

(Address) 815 N. Fairmount Ave.

Filed 2-4-1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 29

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1928, to Feb 21, 1929, that I last saw h[illegible] alive on Feb 21, 1929 and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Frank Gundrum M. D.

Feb 23, 1929 (Address) 1176 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft. Carton Cemetery	2/24 1929
20 UNDERTAKER Eugene Payne	ADDRESS 870 N. Gaston Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 43329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

REGISTERED NO. E 43329

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 N. Port. ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Neubauer

(a) RESIDENCE NO. 1716 N. Port. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 1 ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed or divorced HUSBAND of (or) WIFE of Late John Neubauer

7 DATE OF BIRTH (month, day, and year) Febry 25 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Loeffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Neubauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant M. Andrew J. Neubauer

(Address) 1716 N. Port St

Filed FEB 24 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 22, 1929, that I last saw her alive on Feb 22, 1929 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Intest Insufficiency

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) L. M. C. Barkut, M. D.

2/23/29, 19 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Febry 26 1929

20 UNDERTAKER Henry Storck Sons, Inc. — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

43330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 43330

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST., 46-67 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Mc Dermott

(a) RESIDENCE NO. 706 Grantley ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2nd Nov

7 AGE about · Years	Months	Days	If LESS than 1 day.... hrs. or min.
45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Mc Dermott.

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Hart.

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant (Sister) Mrs. R. Buchman
(Address) 706 Grantley St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-19, 1929, to 2-23, 1929, that I last saw him alive on 2-23, 1929 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Rt Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam & Hist.

2/23, 1929 (Signed) R. M. Peterson, M. D. (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL February 25 1929

20 UNDERTAKER Henry Heck Sons Inc. — ADDRESS 1301 E. Eager

FEB 24 1929

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43331

CERTIFICATE OF DEATH.

E 43331

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 East St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tiviana Cammarata

(a) RESIDENCE NO. 310 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nunzio Cammarata

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 63; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Italy

PARENTS

10 NAME OF FATHER Luigi Cammarata

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy

12 MAIDEN NAME OF MOTHER Luigia Bartolotta

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Italy

14 Informant Anna Cammarata

(Address) 310 East St.

15 Filed C. H. JONES, Registrar

Feb 24 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 22 1929, to [illegible], 19....., that I last saw h[illegible] alive on Feb 22nd, 1929, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute Bronchopneumonia

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? E. H. Faulkner

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Feb 25 1929

20 UNDERTAKER: Frank Cross & Son ADDRESS 1906 Eastern

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43332

CERTIFICATE OF DEATH.

90 E 43332

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1042 E. Fallsway) Mercy Hosp. 14th Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Rastus~~ Raphael Baker

(a) RESIDENCE NO. 1318 N Mulberry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 25 1896

7 AGE: Years 32 Months 2 Days 33 (Date said?) IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Mr. Mules

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Luke Baker

11 BIRTHPLACE OF FATHER (city or town): Balto ?

(State or country)

12 MAIDEN NAME OF MOTHER: M. Harris

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Irma Irma Brown

(Address) 1318 N Mulberry

C. HARRISON JONES, M. D.

15 Filed Feb 24 1929 BR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) And that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ven. Dis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

, 192 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 4m yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Feb 25th 1929

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

E 43333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43333
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1313 Myrtle Ave St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Jordon

(a) RESIDENCE NO. 1313 Myrtle Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Jordon

6 DATE OF BIRTH (month, day, and year): Dec 6 - 1882

7 AGE: Years 46 Months 2 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

PARENTS

14 Informant: Gertrude Jordon

(Address) 1313 Myrtle Ave

15 Filed 2 24 1929 19 H. Pool Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. Sudden ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Placed H. C. Smith M. D.

(Coroner)

Feb 22 1929 (Address) Coroner,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Date of Burial 2/24 1929

20 UNDERTAKER: Edward T. Hensley ADDRESS 518 N. Bdle

Spec.—2-29-28—L. F. S.—500 Blks.

43334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

B 43334

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1174 N. Carey ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. Sheppard

(a) RESIDENCE NO. 1174 N. Carey ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna Sheppard

7 DATE OF BIRTH (month, day, and year): June 2 - 80

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of indostry, business, or estabilishment in which employed (or employer): 040

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Falls Head Va

10 NAME OF FATHER: Wm H Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Melinda Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Anna Sheppard

(Address): 1124 N. Carey

Filed FEB 24 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 19 29 to Feb 21, 19 29

that I last saw him alive on Feb 21 19 29

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 6 ds.
(duration) yrs. mos.

CONTRIBUTORY (Secondary) ~
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of

Was there an autopsy? ~

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/27 19 29 (Address) 1125 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb. 24 1929

20 UNDERTAKER: Wm. H. Chase Son

ADDRESS: 40 Monroe

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43335

E 43335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1125 McCulloh ST., 11th WARD

2-FULL NAME William Frank BROWN

(a) RESIDENCE NO. 1125 McCulloh ST., 11th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Bessie BROWN.

6 DATE OF BIRTH (month, day, and year) 1871 - Date not known

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	58	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr R W Johnson

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Bessie BROWN
(Address) 1125 McCulloh St

15 Filed ... P. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1928 to Feb 23 1929.

that I last saw h[illegible] alive on Feb 21 1929

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver.

(duration) — yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Rays & Laboratory

(Signed) Robert W Johnson Jr. Asst at Johns Hopkins Dispy M. D.

Feb 23, 1929 (Address) 4 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W Lubyer DATE OF BURIAL Feb 26 29

20 UNDERTAKER Sam W. Crane Son ADDRESS 1700 Madison

2-4-1929 [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 43336

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43336

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 24-35 WARD)

2—FULL NAME Edgar Briggeman

(a) RESIDENCE NO. 1436 Hanbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yrs - mos. ds. How long in U. S., if foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Wid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Yantsen

7 DATE OF BIRTH (month, day, and year) Oct 3 1886

AGE 42 43	Years	Months 4	Days 19	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Patient

(Address)

Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-29

17

I HEREBY CERTIFY, That I attended deceased from 2-20, 19 29, to 2-22, 19 29

that I last saw h alive on 2-22, 19 29

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? ~~Clinical~~ Autopsy

(Signed) H. M. Hadley M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Feb 25 1929
20 UNDERTAKER Chas L Stevens	ADDRESS 1501 E Balt Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 43337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-901

E 43337

1—PLACE OF DEATH

REGISTERED NO. 27-55

CITY OF BALTIMORE: (No. 3407 Ingleside Ave. ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Alice Gerben

(a) RESIDENCE NO. 3407 Ingleside Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Roland S. Gerben

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Violet M. Dietrich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mr. Roland S. Gerben

(Address) 3407 Ingleside Ave.

Filed MAR 24 1929 [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 20, 1929, to Feby 21, 1929, that I last saw h er alive on Feby 21, 1929 and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Clif Hoffman, M. D.

2/22, 1929 (Address) 8 E. Read Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb. 25 19 29
20 UNDERTAKER Harold Cook	ADDRESS 1003 West Baltimore st

Cor.—12-9-25—A Co.—200 Bks.

E 43338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43338

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1009 N. 40th St. (Ward) 13-52

2-FULL NAME Samuel C. Mather

(a) RESIDENCE NO. 1009 N. 40th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23/1845.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	83.	6.	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Ida Atkinson

(Address) 1009 N. 40th St

15 Filed 2-4 1929 C. Hannon Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Disease & Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. H. Grosser M. D.

(Coroner)

2/23, 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cem Lansdowne Date of Burial, Feb 25, 1929

20 UNDERTAKER Walter Davis ADDRESS 3307 Pine St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43339

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1732 E. Eager ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Jackson

(a) RESIDENCE NO. 1732 E. Eager ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country) Maryland

10 NAME OF FATHER Isaac Parker

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Smith

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

Informant Mary Reynolds

(Address) 1732 E. Eager St.

Filed 2-29 1929 [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-29

17 I HEREBY CERTIFY, That I attended deceased from 1-23-, 1929, to 2-21, 1929,

that I last saw h[illegible] alive on 2-21, 1929

and that death occurred, on the date stated above, at 11:10P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis - acute pulmonary edema

(duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa

(Signed) W. L. Berry, M. D.

, 19 (Address) 1420 E. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashley Cemetery	2/24/29
UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1915 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43340

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 E Clement St., 24 Ward)

Registered No. 11-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Marion A. Remmey

(a) Residence No. 424 E. Clement St., 24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Rittenburg

6-DATE OF BIRTH (month, day and year) 8/29/86

7-AGE. 42 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Marion A Remmey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER. Emma Walker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Mary E. Remmey

(Address) 424 E. Clement St

15- FEB 24 1929 C. HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 21. 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 21, 1929, that I last saw h.. in alive on Feb 21, 1929, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did no operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Bennett, M. D.

2/23, 1929 (Address) 445 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Olivet Cem. DATE OF BURIAL. Feb 25, 1929

20-UNDERTAKER. John F. Lahey & Sons ADDRESS 1718 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

22-2 #14 E 43341

CERTIFICATE OF DEATH.

X 135 E 43341

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-9 WARD)

2-FULL NAME Thomas Harbaugh

(a) RESIDENCE No. Sabillasville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Anna

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: 59 (Years / Months / Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Elias Harbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine McLean

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Carrie (Address) JOHNS HOPKINS HOSPITAL

Filed FEB 24 1929 H. A. [illegible], M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 24th 29

17 I HEREBY CERTIFY, That I attended deceased from February 18, 1929, to February 24, 1929, that I last saw him alive on February 24, 1929, and that death occurred, on the date stated above, at 11 37A m.

The CAUSE OF DEATH* was as follows: Uremia

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Benign Prostatic Hypertrophy

(duration) 2 yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/24, 1929 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 ~~PLACE OF BURIAL, CREMATION OR~~ REMOVAL: Waynesboro Pa

DATE OF BURIAL: 2/27 1929

UNDERTAKER: Walter L. Grove

ADDRESS: Waynesboro

Spec.—2-29-28—L. F. S.—500 Bks.

Lodge Louisa Probine

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH E 43342 REGISTERED NO. E 43342

CITY OF BALTIMORE: (No. University Hospital ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Ludge (Louisa) Probine.

(a) RESIDENCE NO. 784 r Woodbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker.

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Mark Probine

11 BIRTHPLACE OF FATHER (city or town) (State or country) London, England

12 MAIDEN NAME OF MOTHER Eliza Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London, England

Informant Mrs. Alice Byrnes

(Address) 1812 E. Pratt St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1929, to Feb. 23, 1929, that I last saw her alive on Feb 23, 1929 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Coed

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Charles E. Friel M. D.

2/23, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL 2/26 1929

20 UNDERTAKER H. A. Cook ADDRESS 1217 E. Fayette St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 43343 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 43343**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Appleton 16-22 WARD) REGISTERED NO.

2-FULL NAME Sarah Catherine Sank.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. No. 801 N. Appleton ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Sank

6 DATE OF BIRTH (month, day, and year) October 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lewis H. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah C. Royston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Emma F. Farrell
(Address) 801 N. Appleton St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1929, to Feb. 24, 1929, that I last saw her alive on Feb. 24, 1929, and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) John D. Dawson, M. D.

2/24, 1929 (Address) 527 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 2/26 29

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 Pine St

B 25 1929 H. P. Co. BALTIMORE, MD.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43344

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (ST.) 16-34 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Hartman

(a) RESIDENCE NO. 3225 Eutaw Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Tom Hartman

6 DATE OF BIRTH (month, day, and year) Jan 22, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Julius Dolinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Tom Hartman

(Address) 3220 Esther Place

Filed FEB 25 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 1929, to 2/22, 1929.

that I last saw her alive on 2/22, 1929

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Exfoliative dermatitis

Staphylococcus, left otitis, cystitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical - autopsy

(Signed) Charles E. Hill, M. D.

2/23, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 2/25 1929

20 UNDERTAKER — ADDRESS 214 N. Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123 E 43345

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lelia (Ryan) Maggio

(a) RESIDENCE NO. 3009 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph May

6 DATE OF BIRTH (month, day, and year) March 31, 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Ben Hardesty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Husband

(Address) 3009 W. Lanvale St.

Filed FEB 25 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/29

17 I HEREBY CERTIFY, That I attended deceased from 2/2, 1929, to 2/23, 1929, that I last saw h[illegible] alive on 2/22, 1929 and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Ca Ovary cystic ? Ca Ovary Hemorrhage Duodenal fistula,

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/12/29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) L. M. Hampton, M. D.

2/23 1929 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	2/25 1929
20 UNDERTAKER	ADDRESS
J. M. Cook	1217 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Forsythe, 424 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43346

CERTIFICATE OF DEATH

87

E 43346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 E 22nd ST. 12-50 WARD)

2—FULL NAME Elizabeth Carmine

(a) RESIDENCE NO. 442 E 22nd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Carmine

6 DATE OF BIRTH (month, day, and year): Nov 8, 1853

7 AGE — Years: 75 | Months: 9 | Days: 16 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Ruckle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Victoria Schurer)

(Address) 442 E 22nd St

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1924 to Feb 24, 1929

that I last saw h[illegible] alive on July 23, 1929

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pericarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute indigestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe M. D.

2/24, 1929 (Address) 424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 2/27/29

20 UNDERTAKER: [illegible] Cox

ADDRESS: 2[illegible] Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43347

CERTIFICATE OF DEATH.

162

E 43347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 507 N. Robinson St.

CITY OF BALTIMORE: (No.) ST., 7-11 WARD)

2-FULL NAME Edna M. Harbeson

(a) RESIDENCE NO. 507 N. Robinson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1909

7 AGE Years — Months 1 — Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clifford Harbeson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eagle (W. J.)

12 MAIDEN NAME OF MOTHER La Vonia Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mother (Address) 507 N. Robinson St

15 Filed FEB 25 1929 H. Kelly JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1929, to 2/24, 1929, that I last saw h[illegible] alive on 2/23, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) L. Schiled M. D.

, 19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL Feb 26 1929

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 43348 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43348

1-PLACE OF DEATH Baltimore, Md. 15-62 90 REGISTERED NO.

CITY OF BALTIMORE: (No 3502 Plateau Ave ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Mary Gill

(a) RESIDENCE. No. 3502 Plateau Ave ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs — mos — ds
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Thomas Gill

6 DATE OF BIRTH (month, day, and year) June 5th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	75	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Int Etna, Pa.

PARENTS

10 NAME OF FATHER Adam Gossart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Christ Schubert.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Thomas Adam Gill
(Address) 126 S. Calhoun St.

15 Filed FEB 25 1929 Wm. H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1929. to Feb. 25th, 1929.
that I last saw h-r alive on Feb. 24th, 1929.
and that death occurred, on the date stated above, at 12 20 p. m.
The CAUSE OF DEATH* was as follows:

Cardiac dilatation
Acute.

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Fred H. Clark. M. D.

2/25 1929 (Address) 3610 (3808) Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/27 1929

20 UNDERTAKER J. H. Cook — ADDRESS 1217 Eutaw

Spec.—1-10-21 M&T 1500 Bks.

Infant Scuto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43349

CERTIFICATE OF DEATH

STILL BIRTH No. 161

E 43349

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1329 N Bath ST. 14-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unknown

(a) RESIDENCE NO. 1329 N Bath ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 6/12 Months Days

If LESS than 1 day, hrs or 36 min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Angelo Scuto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Myrtle Alerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Angelo Scuto

(Address) 1329 N Bath St

Registrar

FEB 25 1929

3284

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/ 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/21/29, 19 . to 2/21/29, 19 .

that I last saw h alive on 2/21/29, 19 .

and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. mos. ds.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hubert Dann, M. D.

, 19 (Address) 1329 N Bath St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

Per Wm E WOODALL

FEB 23 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 43350

CERTIFICATE OF DEATH

E 43350

1—PLACE OF DEATH

REGISTERED NO. 4-25

CITY OF BALTIMORE: (No. 634 W. Saratoga ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Cascio, Sr.

(a) RESIDENCE NO. 634 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Concetta Cascio

6 DATE OF BIRTH (month, day, and year) May, 20, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73	9	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cefalu, Italy.

10 NAME OF FATHER Antonio Cascio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cefalu Italy.

12 MAIDEN NAME OF MOTHER Mary Porpora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cefalu Italy

Informant Concetta Cascio

(Address) 634 W. Saratoga St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929 to Feb. 21, 1929

that I last saw h~~im~~er alive on Feb. 21, 1929

and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerotic Cardio-vascular disease with hypertension.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema and Chronic Bronchitis (duration) 15 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) S. L. Tumminello M. D.

19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	2 | 23 1929
20 UNDERTAKER George J. Ruth	ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43351

CERTIFICATE OF DEATH.

74-001

E 43351

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 S. Vincent St. 14-25 Ward)

2-FULL NAME Margaret J. Hannagan

(a) RESIDENCE NO. 212 S. Vincent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Oct 1st 1864

7 AGE 64 Years 65 Months 4 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Thos. Hannagan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna J. Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Rose Obrian

(Address) 26 N. Catherine

15 Filed FEB 25 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooke M. D.

(Coroner)

2/22, 1925 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial: Feb 26 1925

20 UNDERTAKER: Robert Brookerson ADDRESS: Calhoun & Holland

Cor.—12-9-25—A Co.—200 Bks.

E 43352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 V

E 43352
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp 44-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Wilkerson

(a) RESIDENCE NO. 2128 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mab 4 Color or Race Cool 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct 9-1887

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
41	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) V. Co. (State or country) Va

PARENTS

10 NAME OF FATHER Louis Wilkerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Roston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Wilkerson (Address) 2128 Division

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. G. Smith M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence 2128 Division

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 2-29-1929

20 UNDERTAKER Daniel Conley & Co ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43353

CERTIFICATE OF DEATH

31 E 43353

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Pine ST. 17-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Walker

(a) RESIDENCE NO. 416 N Pine ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, and year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Lee Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Walker

(Address) 416 N Pine St

Filed ....., 19 .....

For ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/29

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Feb 23, 1929, that I last saw h[illegible] alive on Feb 16, 1929 and that death occurred, on the date stated above, at 9.40 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum test

(Signed) [illegible] Williams trup, M. D.

2/23, 1929 (Address) 1708 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North End Va — DATE OF BURIAL 2-26/1929

20 UNDERTAKER Frank Easton — ADDRESS 916 Pine

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43354
1-PLACE OF DEATH

CERTIFICATE OF DEATH

101-08

E 43354

REGISTERED NO.

City of BALTIMORE: (No. 1423 N. Bentalou St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie James Goodman

(a) RESIDENCE NO. 1423 N. Bentalou St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Goodman

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE — Years: 30 — Months: — — Days: — IF LESS than 1 day ...hrs. or ...min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Goodman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Lewis

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Elsie Goodman

(Address) 1423 N. Bentalou

15 Filed FEB 25 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 22 1929 19

17 I HEREBY CERTIFY, That I attended deceased from Feby. 18 1929 to Feby 22 1929

that I last saw h[illegible] alive on Feby 22 1929

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

2/22/29 (Address) 803 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

Date of Burial: 2-25 1929

20 UNDERTAKER: Daniel Carson

ADDRESS 916 Pa Ave

Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43355

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 1622 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ~~Mary~~ Alice Edwards

(a) RESIDENCE NO. 921 Pro Carrollton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: ~~75~~ 53 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Patient

(Address)

15 Filed ..... 19 ..... Registrar

BALTIMORE CITY HOSPITALS

3 25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-29

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1929, to 2-21, 1929, that I last saw him alive on 2-21, 1929, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis
Myocardial insufficiency
Cerebral Hemorrhage, left
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wilson M. D.

19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL 2-25 1929

20 UNDERTAKER: Edw Toulson

ADDRESS 916 Park

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43356

CERTIFICATE OF DEATH.

E 43356

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Beatrice Moody.

(a) RESIDENCE No. 1805 Pennsylvania ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1928

7 AGE — Years | Months: 4 | Days: 22 | If LESS than 1 day, hrs. or min.: 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Moody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Petersburg, Va.

12 MAIDEN NAME OF MOTHER Isabel Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greencastle, Md.

14 Informant Mother (Address)

15 Filed 2-5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to Feb. 24, 1929, that I last saw her alive on Feb. 24, 1929 and that death occurred, on the date stated above, at 9:10 a. m.

The CAUSE OF DEATH* was as follows:

Menings - Encephalitis.

Malnutrition.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical and Autopsy

(Signed) Benj. Sanders, M. D.

2/27, 1929 (Address) West Balto. Gen.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL 2-25-1929

20 UNDERTAKER David Easter & Son ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Bks.

E 43357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43357 ✓

CERTIFICATE OF DEATH

31

REGISTERED NO. 6-9

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Mulliken ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nanie Mary Nellson

(a) RESIDENCE NO. 1704 Mulliken ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	11	22 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or estsblishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iowa

10 NAME OF FATHER Archie Nellson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cora Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Cora Jefferson
(Address) 1704 Mulliken st

15 Filed FEB 25 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 19 29, to Feb 22, 19 29,
that I last saw h alive on Feb 21, 19 29
and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Caseous Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Feb 25, 19 29 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Feb 26 19 29

20 UNDERTAKER Edward Bryan — ADDRESS 163 Orleans st

Spec.—2-29-28—L. F. S.—500 Bks.

E 43358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43358

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Mae Jones

(a) RESIDENCE NO. Maudlow Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maudlon Md

10 NAME OF FATHER Oxville Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chambersburg Pa.

12 MAIDEN NAME OF MOTHER Clara Hild

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maudlon Md.

14 Informant Mother

(Address) Maudlon Maryland.

15 Filed 2 5 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 24 Feb. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb. 24, 1929, that I last saw h[illegible] alive on Feb. 24, 1929, and that death occurred, on the date stated above, at 11 [illegible] p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - primary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lues - Congenital

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Maudlon Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace P. Swartzwelder M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel, Baltimore Md

DATE OF BURIAL Feb. 27 1929

20 UNDERTAKER Wm. C. Burton & Son

ADDRESS Baltimore Md.

Spec.—12-9-25—A Co.—200 Bks.

Reza Bucher

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 43359
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 43359
REGISTERED NO.

City of BALTIMORE: (No. Church Home & Inf. St., 710 Ward)
N. Broadway & Fayerweather Sts.

2-FULL NAME Mrs Rosa Bucher

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 512 N. Patterson Ave St. 5th Ward
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	63		24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Bucher
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Barbara Bummer
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14
Informant Albert R. Wuchner
(Address) 512 N. Patterson Ave

15 Filed 2-25 1929 H. Hammond Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
February 21 - 1929

17
I HEREBY CERTIFY, That I attended deceased from
January 21, 19 29, to Feb. 21, 19 29,
that I last saw h.. alive on Feb 21, 19 29,
and that death occurred, on the date stated above, at 11 1/2 pm.

The CAUSE OF DEATH* was as follows:
(Duration of Cause) Cerebral Hemorrhage
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Broncho Pneumonia
11 days (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death
Did an operation precede death? Yes Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical

(Signed) Alvin B. Wallace M. D.
2-21-1929 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Acc., dental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
London Park Cem. Feb 25 1929

20 UNDERTAKER — ADDRESS
A. Sonder Sons 1710 Pratt St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43360

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo Balto Gen Hosp St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Annie Friese

(a) RESIDENCE NO. 424 N. Wolfe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian C. Friese

6 DATE OF BIRTH (month, day, and year) July 1879

7 AGE: Years 49 | Months 7 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Elizabeth McConnell

(Address) 2029 N Mark St

Filed 2-5 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2 3/29

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1929, to 2/23, 1929

that I last saw h[illegible] alive on 2/23, 1929

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? 424 N Wolfe St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Eston Walsh, M. D.

2/28, 1929 (Address) Lo Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Feby 26 1929

20 UNDERTAKER: John Allrich

ADDRESS: 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43361 **E 43361**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 913 Sterling St St. (Ward) 10-14

2-FULL NAME Henry Jackson

(a) RESIDENCE NO. 913 Sterling St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
28	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) Westmoreland Co. Va.

(State or country) Va

PARENTS

10 NAME OF FATHER Edw. Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Eliza Eskridge

(Address) 913 Sterling St

Filed FEB 25 1929 C. Harry Rowe, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. Bob Cain (Coroner) M. D.

(Address) 2/23/29 508 e. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial 2-25 1929

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

Spec.—2-29-28—L. F. S.—500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43362

CERTIFICATE OF DEATH

90 E 43362

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2030 Park Ave ST. (WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Webb

(a) RESIDENCE NO. 2030 Park Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 23 ds. How long in U. S., if foreign birth? 74 yrs. 10 mos. 23 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, and year) April 1 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Balto. Maryland

10 NAME OF FATHER: Edmund J. Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Augusta Felso

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

Informant: Mr. E. J. Webb (Brother)

(Address) 2030 Park Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/29

17

I HEREBY CERTIFY, That I attended deceased from June 1928 to 2/24 1929

that I last saw her alive on 2/24 1929

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Ella B Webb M. D.

2/25 1929 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: Feb 27 1929

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43363

CERTIFICATE OF DEATH

E 43363

1—PLACE OF DEATH Clubb & Upton Rd.

REGISTERED NO.

CITY OF BALTIMORE: (No. Roland Park Apts ST 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Ulbert Owens

(a) RESIDENCE NO. Roland Park Apts. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Stringer Owens

DATE OF BIRTH (month, day, and year) Oct-11-1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	4	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) Drugs

(c) Name of employer Carr-Owens Co.

BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

10 NAME OF FATHER J. Norman Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER Isabella Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Md.

Informant Mrs. Lucy S. Owens (Wife)

(Address) Roland Park Apts

Filed FEB 27 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 23-29

17 I HEREBY CERTIFY, That I attended deceased from Dec-11, 1927, to Feby 23, 1929.

that I last saw him alive on Feby 22 1929.

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver —

about (duration) 1 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) See reverse side

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No — Date of

Was there an autopsy? No —

What test confirmed diagnosis? None —

(Signed) Chas W. Lavach — M. D.

Feby 27, 1929 (Address) 327 Park Ave Balto Md.

16 *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 2/25 1929

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 103 W. NORTH AVE.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43364

CERTIFICATE OF DEATH

129

43364

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Arlington Ave) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Samuels

(a) RESIDENCE NO. 606 Arlington Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Samuels

6 DATE OF BIRTH (month, day, and year) Sept 26-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Wood Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER David Samuels Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Leishon

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Wales

Informant Catherine Samuels

(Address) 606 Arlington Ave Govans

Filed FEB 25 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 22, 1929, that I last saw him alive on Feb 22 1929 and that death occurred, on the date stated above, at 9 35 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

Broncho Pneumonia

Ch. Myocarditis. A. Ost Nephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

Feb 27, 1929 (Address) 30 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL Feb 25 1929

20 UNDERTAKER George W. Dirkes

ADDRESS 1737 E Eager St

Spec.—1-12-23—M&T—500 Bks.

E 43365 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43365

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3181 Eden st. ST., 9-18 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Andrzejewski

(a) RESIDENCE No. 3181 Eden St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Julia Andrzejewski

6 DATE OF BIRTH (month, day, and year): March 31 1898

7 AGE: Years 30 Months 11 Days 20 * If LESS than 1 day, hrs. or min. 19.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Andrzejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Wachsowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Julia Andrzejewski 3181 Eden

15 Filed ... 1929 ... H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22 .1929. to Feb 23 .1929. that I last saw him alive on Feb 23 .1929 and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Auto cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2134 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary. DATE OF BURIAL: Feb 26 1929

20 UNDERTAKER: J W Brazenski ADDRESS: 1930 Eastern

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43366

CERTIFICATE OF DEATH

145-002

E 43366

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Ann Freimuth

(a) RESIDENCE NO. 1714 E. 25th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. Freimuth

7 DATE OF BIRTH (month, day, and year) Aug 10 / 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33 34		6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Chapel Md.

10 NAME OF FATHER John W.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary. League

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Fred. W. Freimuth

(Address) 1714 E. 25th st.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/29

17

I HEREBY CERTIFY, That I attended deceased from 8/20, 19 .., to 2/23, 19 29.

that I last saw h.. alive on 2/23, 19 29

and that death occurred, on the date stated above, at 3.02 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilateral

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

Carcinoma (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb. 26 1929
20 UNDERTAKER	ADDRESS
for J. Herr & Son	156 N. Luzerne

Spec.—2-29-28—L. F. S.—500 Blks.

E 43367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 E 43367

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S. Oldham ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Matilda Tietz.

(a) RESIDENCE NO. 606 S. Oldham ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Michael Tietz

DATE OF BIRTH (month, day, and year) Mch. 14th 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Julius Gerschalby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Michael Tietz

(Address) 408 S. Oldham St.

Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22nd 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1929, to Feb 22nd, 1929, that I last saw h[illegible] alive on Feb 22nd, 1929, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 6700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Feb 26 1929

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—800 Bks.

E 43368

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

REGISTERED NO. 43368

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 S. Port ST., 143 WARD)

2—FULL NAME Anna Theodora Kowalewski

(a) RESIDENCE NO. 826 S. Port ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 1st 1927

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph P. Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Szczukowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Joseph P. Kowalewski

(Address) 826 S. Port St.

Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23/29

17

I HEREBY CERTIFY, That I attended deceased from Feby 21, 1929 to Feby 23, 1929, that I last saw h alive on Feby 22, 1929 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 days

CONTRIBUTORY (Secondary) Convulsions 15 hours

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cobb V Bittey, M. D.

2/23/29 19 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Feb 25th 1929
20 UNDERTAKER	ADDRESS
Lilly & Julian Inc	409 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43369

CERTIFICATE OF DEATH

REGISTERED NO. E 43369

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Hare ST., 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Darmsteadt

(a) RESIDENCE NO. 116 N. Hare ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Darmsteadt

7 DATE OF BIRTH (month, day, and year) Sept. 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman do

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Philipp Darmsteadt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Bartholomay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Catherine Rearick sister

(Address) 116 N. Hare St.

Filed FEB 25 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23rd 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1929 to Feb 23 1929.

that I last saw h— alive on 2/23/29 1929

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Arterial Hemorrhage

(duration) yrs. mos. 6 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hubert Artigues M. D.

19 (Address) 2 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Feb 26 1929
20 UNDERTAKER Lilly + Zeller Inc.	ADDRESS 400 S Wolfe St

Spec.—2-29-28—L. F. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43370 — 118-001 — E 43370

CERTIFICATE OF DEATH

E 43370

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Edw. Harvey.

(a) RESIDENCE NO. 1006 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John E. Harvey

6 DATE OF BIRTH (month, day, and year) Feb 11, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Contractors Supplies

(c) Name of employer Self- The Harvey Co

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John E. Harvey

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Anna Dugo

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

Informant Hospital Records.

(Address)

Filed 8 25 1929 Harold Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1929

17

I HEREBY CERTIFY, That I attended deceased from 2-22-29, 19..., to 2-22, 19 29,

that I last saw h.. l.. alive on 2-22- , 19 29

and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

Hernia present for 30 yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-22-29.

Was there an autopsy? no

What test confirmed diagnosis? Clinical test.

(Signed) [illegible] M.D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Feb. 26 1929
20 UNDERTAKER Wm. J. Pickuer & Sons	ADDRESS Norfolk Va

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43371

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. E 43371

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 E. 21 St. ST. 9-46 WARD)

2—FULL NAME George Hayes Whitehouse

(a) RESIDENCE NO. 512 E. 21 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E. Whitehouse

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Custom House Baltimore

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER James Whitehouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Louisa Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Mrs. Plummer A. Lyons

(Address) 3902 (3702) Mohawk Ave.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Feby 23, 1929, that I last saw him alive on Feby 23, 1929, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hough Forsythe, M. D.

2-24, 1929 (Address) 4345 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb. 26 1929
20 UNDERTAKER	ADDRESS
Wm. J. Fickner & Sons.	North & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 43372

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43372

CERTIFICATE OF DEATH.

101-021

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave ST.. 8-16 WARD)

2-FULL NAME Mrs Louise Hauser

(a) RESIDENCE NO. 2427 Llewelyn ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE~~) Charles Hauser

6 DATE OF BIRTH (month, day, and year) Nov 28 - 1907.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edwin L. Otto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa B. Singer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Edwin L Otto
(Address) 2440 Eager Place

15 Filed ..... 19 ..... Registrar

FEB 25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 23 1929

17 I HEREBY CERTIFY, That I attended deceased from 2 - 1 , 1929 , to 2 - 23 , 1929 , that I last saw her alive on 2 - 23 , 1929 , and that death occurred, on the date stated above, at 4 a.m. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B. Cohen , M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 26 1929
20 UNDERTAKER	ADDRESS
Geo Miller & Son	2337 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43373

CERTIFICATE OF DEATH.

118 001

E 43373

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 13-59 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Robinson

(a) RESIDENCE No. 819 Whitelock ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jennie Robinson

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Barach Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Bunkan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Jack Lewis (Address) 1439 E. Baltimore St

15 Filed [illegible] Registrar

B 25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/23/ 1929 to 2/24/ 1929, that I last saw him alive on 2/24/ 1929, and that death occurred, on the date stated above, at 7 11 11 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/23/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. J. Cohen, M. D.

2/24 1929 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bath Hebrew Cem

DATE OF BURIAL 2/25 1929

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt St

Spec.—1-12-23—M&T—500 Bks.

43374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 43374

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 26-37 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ..... ST., ... WARD)

2-FULL NAME Bertha Virtue

(a) RESIDENCE NO. none ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE 75 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records BALTIMORE CITY HOSPITALS [redacted]

15 Filed [illegible] 19 [illegible] Registrar

25152 Per Rdp

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1929

17 I HEREBY CERTIFY, That I attended deceased from 10-8, 1926, to 2-22, 1929, that I last saw h[illegible] alive on 2-22, 1929, and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Old Pulmonary Tbc.

(duration) several years yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Carmel Cemetery 2/25 1929

UNDERTAKER — ADDRESS

Chas P. Crane & Son 1800 Mt Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 43375 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 43375

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Chatham Rd. 15-63 WARD)

2-FULL NAME Charles Peppler.

(a) RESIDENCE NO. 3909 Chatham Road ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
M.	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Peppler

6 DATE OF BIRTH (month, day, and year) Nov 10-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George Peppler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Thoman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Laura V. Peppler
(Address) 3909 Chatham Road

15 Filed ..... 19 ..... C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928 to Feb 23 1929, that I last saw h~~im~~ alive on Feb 22 1929 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Ch. myocarditis

(duration) yrs. 13 mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart (duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) [signature], M. D.

2/23/29 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Ridge Cem DATE OF BURIAL Feb 26th 1929

20 UNDERTAKER Bertram Gore ADDRESS 1723 Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43376

CERTIFICATE OF DEATH

118-001

E 43376

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 17-49

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Graham Eckel.

(a) RESIDENCE NO. 401 Allegheny ave. ST., Towson Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	13	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of coal yard.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Wm J Eckel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Hospital records.

(Address)

Filed 2-29-1928 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Feb. 23, 1929, that I last saw him alive on Feb. 23, 1929 and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Acute muscular heart disease.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? yes. Date of Feb. 11, 1929

Was there an autopsy? no.

What test confirmed diagnosis? physical examination

(Signed) Frances W. Kleuck, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 25 1929
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins St

Spec.—1-12-23—M&T—500 Blks.

E 43377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43377

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1231 (Street) Myrtle Av (Ward) 17-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Washington

(a) RESIDENCE NO. 1231 (Usual place of abode) Myrtle Av ST. WARD

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Washington

6 DATE OF BIRTH (month, day, and year): 7/16/[illegible]

7 AGE: 73 Years | Months 7 | Days 5 | If LESS than 1 day, hrs or min

74 | 0 | 5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doorman 086

(b) General nature of industry, business, or establishment in which employed (or employer): Hutzler Bros

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Felix Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Anna Washington wife 1231 Myrtle Ave

15 Filed [illegible] 1929 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 21st 1929

17 I HEREBY CERTIFY, that I attended deceased from Jan 22, 1929 to Feb. 21st 29 that I last saw him alive on Feb. 21st 1929 and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. B. Hughes M. D.

Feb 23 1929 (Address) 1413 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Auburn Cemetery

DATE OF BURIAL: Feb 25 1929

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1234 Eutaw St.

Cor—12-9-25—A Co.—200 Bks.

E 43378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 16-27 Ward)

REGISTERED NO. 101-08

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Harris

(a) RESIDENCE NO. 1265 W. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10-1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Benj. Prayer.

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Emma Harris

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Emma Harris

(Address) 1705 W Lanvale

15 Filed [illegible] Registrar

AUG 25 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. B. Linck M. D.

(Coroner)

Feb 23 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	Date of Burial
Mt. Auburn	2/25/1929

20 UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1632 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH

E 43379 — 1—PLACE OF DEATH — BALTIMORE CITY HOSPITALS

E 43379 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 9-17 WARD)

2—FULL NAME John McNally

(a) RESIDENCE NO. 1643 No Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) OSV

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John J.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Patient

(Address) BALTIMORE CITY HOSPITALS

Filed . 19 ST. JAMES H

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-29

17 I HEREBY CERTIFY, That I attended deceased from 2-18 . 1929 . to 2-21 . 1929 .

that I last saw him alive on 2-21 . 1929

and that death occurred, on the date stated above, at 6:05 P. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia, Left

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) H. M. Ruch, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 26 1929

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43380 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-801 E 43380

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 3744

CITY OF BALTIMORE: (No. St Joseph Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gabriel Muller

(a) RESIDENCE NO. 5507 Arabia Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary. Muller.

6 DATE OF BIRTH (month, day, and year): Sept. 11 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	12	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of industry, business, or establishment in which employed (or employer): Mason

(c) Name of employer: S. Ruff & Co

8 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: B. Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cathrin Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Hospital Record

(Address): St Joseph Hospital

Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 27

17 I HEREBY CERTIFY, That I attended deceased from February 21, 19 27, to Feb 23, 19 27.

that I last saw h alive on Feb 23, 19 27

and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Trauma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M B Hundley M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb. 26. 1927

20 UNDERTAKER: Young & Rusch

ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T 1500 Blks.

Grey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43381

CERTIFICATE OF DEATH.

11-001

E 43381

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Lauraville

CITY OF BALTIMORE: (No. 4601 Hamptons Ave ST.) 27-46 (WARD)

2-FULL NAME Frances A. Grey.

(a) RESIDENCE No. 4601 Hamptons Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Grey

6 DATE OF BIRTH (month, day, and year) Sept. 20 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Heathville Va

PARENTS

10 NAME OF FATHER Henry Bagwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robt A. Champion

(Address) 4601 Hamptons Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 24, 1929, that I last saw her alive on Feb 23, 1929, and that death occurred, on the date stated above, at 12-38 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 8 ds.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

2-24, 1929 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Marsh Cemetery Lancaster Va DATE OF BURIAL Feb 26 1929

20 UNDERTAKER Josiah Syffer ADDRESS 1600 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 43382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 (ST.) Second (WARD) Brooklyn 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Marie Ege

(a) RESIDENCE NO. 3802 Second ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 21st 1928

7 AGE: Years — Months: 1 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo. F. Ege

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Ada Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Geo. F. Ege 3802 Second St.

Filed FEB 25 1929 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23rd 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1929 to Feb 23 1929

that I last saw her alive on Feb 23 29

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/26/29 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: 2/25/29

20 UNDERTAKER: H. C. Fanning & Son — ADDRESS: 1386 Lafayette Ave

Cor.—12-9-25—A Co.—200 Bks. Adam Hagerty

HEALTH DEPARTMENT CITY OF BALTIMORE ✓ E 43383

E 43383

CERTIFICATE OF DEATH.

154-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2616 Fait av St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Hagerty

(a) RESIDENCE NO. 2616 Fait St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 29 79

7 AGE: Years 20 Months Days 2 1 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER: Wm P Hagerty

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Sadie Chalmers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Co Md

14 Informant: Wm P Hagerty

(Address) 2616 Fait Ave

15 Filed Aug 25 1925 Harry J. Lewis, M. D. Registrar

Dur Rth

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James H. Pentz, M. D. (Coroner)

8-25-1925 (Address) Love & Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial 8-28 1925

20 UNDERTAKER: M M E Dyer ADDRESS 3 Alan

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43384

CERTIFICATE OF DEATH

91-002 E 43384

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. 1-24 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Dorsey

(a) RESIDENCE No. 217 W. Biddle St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: 75 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: John T. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records of BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed 2 3 1929, 19... [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 19 29, to 2-24, 19 29, that I last saw her alive on 2-24, 19 29, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

CONTRIBUTORY (Secondary) Senility (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) ? yrs. mos. ds.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [redacted] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 2/25 19 29

20 UNDERTAKER: Samuel Hensley ADDRESS W. Biddle St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43385

CERTIFICATE OF DEATH

101-001

E 43385

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Poplar Grove ST. 16-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Schanberger

(a) RESIDENCE NO. 1213 Poplar Grove ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 18 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Schanberger

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John G. Debring

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca A. Lippincott

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Fred C. Schanberger
(Address) 3906 Liberty Heights Ave.

Filed 25 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22/1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 22, 1929, that I last saw h[illegible] alive on Feb 21, 1929, and that death occurred, on the date stated above, at Feb 22. 3 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. C. Schanberg M. D.

19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2/26 19 29
20 UNDERTAKER Henry U. Mears and Son	ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43386

BALTIMORE CITY HOSPITALS

90 E 43386

1-PLACE OF DEATH [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-23 ST., WARD)

2-FULL NAME Margaret Kelly

(a) RESIDENCE NO. 821 W Saunder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	?

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1819

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
109 110				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Balto~~ Va

PARENTS

10 NAME OF FATHER Not Obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records (BALTIMORE CITY HOSPITALS [redacted]

15 Filed [redacted] 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 19 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-24, 1928, to 2-19, 1929, that I last saw her alive on 2-19, 1929, and that death occurred, on the date stated above, at 11⁰⁰ A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [redacted], M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease causing death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Feb | DATE OF BURIAL 26 — 1929

20 UNDERTAKER Virginia A Brooks | ADDRESS 1463 N Carey

Spec.—1-12-23—M&T—500 Bks.

E 43387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 43387

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N. Gilmor St. 16-22 WARD)

2-FULL NAME Beatrice Wright

(a) RESIDENCE NO. 1114 N. Gilmor ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25-1913

7 AGE Years	Months	Days	7b LESS than 1 day, hrs or min.
15	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attended School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Dan Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Pearl Cortez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

14 Informant Rose Lane
(Address) 1114 N. Gilmor St.

15 Filed FEB 25 1929 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 18, 1929, to Feb 22, 1929, that I last saw h[illegible] alive on Feb 22, 1929, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs 10 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T.B. Bacilli Sputum

(Signed) Paul Brown M. D.

2/23, 1929 (Address) 1837 Anna. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn | DATE OF BURIAL Feb 26 1929

20 UNDERTAKER Virginia A. Brooks | ADDRESS 1463 N. Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43388

179

E 43388

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital St. 2572 Ward)

2-FULL NAME Elizabeth Grace

(a) RESIDENCE NO. 1816 Sexton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas H. Grace

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 66 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Allen Brady

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ford Knox

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ford Knox

14 Informant James H. Grace

(Address) 1800 Sexton St.

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Burns and Inhalation of blaze when her clothes caught fire, from stove in the kitchen (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 1 mos. ds.

(Signed) Chas. H. Mole M. D.

(Coroner) 2/23 1925 (Address) Bowie Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial 2/27 1925

20 UNDERTAKER: Edward Toulson — ADDRESS 2359 Wash Blvd

Very Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-002

E 43389

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1420 Mt Royal Ave. ST. 14-20 WARD)

2—FULL NAME Laura V. Wedge,

(a) RESIDENCE NO. 1420 Mt Royal Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Stephen T. Wedge,

6 DATE OF BIRTH (month, day, and year) February 23. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	----	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Andrew J. Yager,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rebecca Isaacs,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Miss Esther R. Wedge

(Address) 1420 Mt Royal Ave

Filed Feb 25 1927 C. Wesley Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1927, to Feb 24th, 1927, that I last saw h[illegible] alive on Feb 24th, 1927 and that death occurred, on the date stated above, at 1230 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Acute Substernal Obstruction (2 days)

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyperthyroidism

(Signed) J. A. Bontrager, M. D.

Feb 26th, 1927 (Address) 300 McCulloh St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Greenmount

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43390

CERTIFICATE OF DEATH

40

E 43390

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. ..... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elias Wrigley

(a) RESIDENCE NO. 22 Bandy Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

Informant .....

(Address)

Filed ....., 19 .....

3256 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/29

17

I HEREBY CERTIFY, That I attended deceased from 6/11/28, 19 28, to 2/18/29, 19 29, that I last saw h alive on 2/14/29, 19 29 and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Primary Epithelioma

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? Yes Date of 2/15/29

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam

(Signed) P. M. Stark, M. D.

....., 19 (Address) Balt City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

FEB 25 1929

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43391

CERTIFICATE OF DEATH

100-001 E 43391

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 3-4 WARD)

2-FULL NAME William H. Doyn

(a) RESIDENCE NO. 11 So Bethel ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	66			

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 I ... (Address) Resident BALTIMORE CITY HOSPITALS [redacted]

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1929

17 I HEREBY CERTIFY, That I attended deceased from 8-9 ..., 19 29 ... to 2-21 ..., 19 29.

that I last saw him alive on 2-21 ..., 19 29.

and that death occurred, on the date stated above, at 11.00 A. m.

The CAUSE OF DEATH* was as follows:

Acute myocardial insufficiency — Probably Coronary occlusion

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John M. Stark M. D.

, I BALTIMORE CITY HOSPITALS [redacted]

*State the Disease causing death, or, in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 19

20 UNDERTAKER

ADDRESS

Health Department

FEB 25 1929

UNIVERSITY OF MARYLAND

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43392

CERTIFICATE OF DEATH

90

E 43392

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 3rd WARD)

2—FULL NAME Maggie Edney

(a) RESIDENCE NO. 422 So Dallas ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 50 Years ____ Months ____ Days ____ If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Joseph Edney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Patient

(Address)

15 Filed ____, 19__, ____ A.M. P.M. ____, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-22-29

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1928 to 2-22, 1929

that I last saw h[illegible] alive on 2-22, 1929

and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Myocardial Insufficiency

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, X-Ray

(Signed) H. W. Welch M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edmondson DATE OF BURIAL: Mar 1, 1929, 19

UNIVERSITY OF MARYLAND

20 UNDERTAKER: [illegible] Health

ADDRESS

FEB 28 1929

Registrar

Dr. R. C. Elliott 1725 Linden Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 43393

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital) ST. (Path) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucius Hughes

(a) RESIDENCE NO. 208 Wm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1873

8 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

10 BIRTHPLACE (city or town) Virginia (State or country)

10 NAME OF FATHER Lee Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Betsy Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant

(Address)

Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/25

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 19 25, to 2/23, 19 25, that I last saw h alive on 2/23, 19 25, and that death occurred, on the date stated above, at 8:15 m.

The CAUSE OF DEATH* was as follows: Empyema of Rt Chest

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) 1 wk yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) P. M. Buck, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL 19

UNIVERSITY OF MARYLAND
Commissioner Health
FEB 25 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43394

CERTIFICATE OF DEATH

90 E 43394

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Etta Niemaski

(a) RESIDENCE NO. 514 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER John McComis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nancy Fergus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant

(Address)

Filed 19

Registrar

25 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14/29

17

I HEREBY CERTIFY, That I attended deceased from 2/11, 19 29, to 2/14, 19 29, that I last saw h alive on 2/14, 19 29 and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

Chr. Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. Jos. Gray, M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

FEB 25 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 43395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43395

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 14-28 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A Dorsch

(a) RESIDENCE NO. 1409 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Veronica J. Dorsch

7 DATE OF BIRTH (month, day, and year): Oct. 11, 1861

8 AGE: 69 Years | 4 Months | 12 Days | If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory work

(b) General nature of industry, business, or establishment in which employed (or employer): Ore

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

11 NAME OF FATHER: Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

13 MAIDEN NAME OF MOTHER: "

14 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

15 Informant: Patient (Address)

Filed 5-1929 C. Hannon Jones M. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-23-29

17 I HEREBY CERTIFY, That I attended deceased from 2-19. 1929. to 2-23. 1929.

that I last saw him alive on 2-23. 1929

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) yrs. mns. ds.

CONTRIBUTORY (Secondary): Broncho-Pneumonia

right —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Fitzgerald Hurley, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	2/26/1929
20 UNDERTAKER	ADDRESS
Harry A Witzke	1531 N. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43396

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6009 Highgate ST. 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George B. Masterson

(a) RESIDENCE NO. 6009 Highgate ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva I Masterson

6 DATE OF BIRTH (month, day, and year) April 12 78

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Typetyper

(b) General nature of industry, business, or establishment in which employed (or employer) Printing 063

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER John Masterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N J.

12 MAIDEN NAME OF MOTHER Catherine Bond.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Mrs Eva I Masterson

(Address) 6009 Highgate Ave

Filed ..., 19... C. H. [illegible] Registrar

25029 For RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 29

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb 24, 1929, that I last saw him alive on Feb. 24, 1929 and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of c

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George E. Masterson, M. D.

Feby. 1929 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tamaqua Pa.	Feb 26 1929
20 UNDERTAKER	ADDRESS
H M Routson	2230 N Mth.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43397

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital (WARD)

2—FULL NAME Eben B. Frazer

(a) RESIDENCE NO. Newark, Del ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil County, Md

10 NAME OF FATHER John Frazer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Heckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Stanley Frazer

(Address) Elkton Md.

Filed ....., 19 .....

Per .....

HAMPSON JONES, M. D.
Registrar

2 5 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29

17 I HEREBY CERTIFY, That I attended deceased from 2-24, 19 29 to 2-25, 19 29

that I last saw h~~im~~ alive on 2-25, 19 29

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Joseph H. Faulkner, M. D.

2/25, 19 29 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Newark, Del	2/26 19 29
20 UNDERTAKER	ADDRESS
J. Lukens Thomas	Newark Del

Spec.—2-29-28—L. F. S.—500 Blks.

E 43398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 43398

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 1618 Johns ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Elizabeth Wimmer

(a) RESIDENCE NO. 1618 Johns ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Wimmer

6 DATE OF BIRTH (month, day, and year) Jany 8-1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Washington D C

10 NAME OF FATHER Jacob Lessner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Neuenborn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Mary N. Wimmer

(Address) Same

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1929

17

I HEREBY CERTIFY, That I attended deceased from April 11 28, to Feb 23, 29

that I last saw h alive on Feb 23 29

and that death occurred, on the date stated above, at 4.50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Lung

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) N B Symmonds, M. D.

19 (Address) 3 W Mt Vernon Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 25 19 29

20 UNDERTAKER H. Leaman & Son

ADDRESS Mott

Spec.—2-29-28—L. F. S.—500 Bks.

E 43399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43399

CERTIFICATE OF DEATH

45

1—PLACE OF DEATH

REGISTERED NO. 70

CITY OF BALTIMORE: (No. 220 Mount Clair Lane) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha E Schmidt

(a) RESIDENCE NO. 220 Mt Clair Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

..a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J Schmidt

6 DATE OF BIRTH (month, day, and year): Oct 20 1860

7 AGE: Years 68 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Lilly Kendall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dora Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Louis A Bies

(Address) 752 E Fort Ave

Filed ..... 19 ..... Registrar

C HAMILTON JONES, M.D.

51929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 24-1929

17

I HEREBY CERTIFY, That I attended deceased from 1/10/29 19 to 2/24/29 19

that I last saw h alive on 2/23/29 19

and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Probably Carcinoma Bowels

(Surgical)

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Examination

(Signed) Bernard J Feng M. D.

2/25/19 29 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Feby 27 1929

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 43400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43400

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2753 Mosher ST. 16-68 WARD)

2-FULL NAME Viola B. Evans

(a) RESIDENCE NO. 2753 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Morgan Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary A. Poynton

13 BIRTHPLACE OF MOTHER (City or town) (State or country) England.

14 Informant Raymond Evans
(Address) 2753 Mosher St.

Filed FEB 25 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 23 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928, to Feby. 23, 1929, that I last saw her alive on Feby. 23, 1929 and that death occurred, on the date stated above, at 7 18 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Broncheitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jas. Duncan M. D.

2/25 1929 (Address) 1837 Linna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL Feb 26 1929

20 UNDERTAKER George J. Smith

ADDRESS 1732 Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43401

CERTIFICATE OF DEATH.

E 43401 CATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 226 W Biddle St. 11-3rd Ward)

2-FULL NAME Owen Carter

(a) RESIDENCE NO. 226 W Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 5-1928

7 AGE — Years: — Months: 3 — Days: 17 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Lorsey Magers

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Beulah Carter

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Beulah Carter

(Address): Va

Filed ..... 19..... Registrar

5-1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) T. E. Luck M. D.

(Coroner) Feb 24 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Feb 25 1929

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 3221 Sidney St.

Very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 43402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43402

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Woodhouse Ave. (If not in hospital, give STREET) 27-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Bateman Shockley

(a) RESIDENCE NO. 3007 Woodhouse Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Shockley

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Dwelling

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Shockley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Baynard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Emma C. Shockley (Address)

15 Filed 2 5 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb. 24, 1929, that I last saw him alive on Feb. 23, 1929, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray.

(Signed) A. M. Bacon M. D.

2/24 1929 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL 2/19 1929

20 UNDERTAKER Philip Henrig ADDRESS 2016 Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43403 100-081 **E 43403**

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore 9 1/2 ST., 1-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Ward

(a) RESIDENCE NO. 2630 Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
79	78	0	12	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O&O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Luther Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Purdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Balto. City Hosp.

(Address)

Filed ..... 19 ..... Registrar

G. HAMPSON JONES, M.D.

2 5 1929 ONT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/29

17 I HEREBY CERTIFY, That I attended deceased from 1/28 . 19 29 . to 2/27 . 19 29 . that I last saw h alive on 2/24 . 19 29 and that death occurred, on the date stated above, at 8.50 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy

(Signed) H. M. Hurd, M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Feb. 26 1929
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans st.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43404

1—PLACE OF DEATH

REGISTERED NO. 8

CITY OF BALTIMORE: (No. 44 Roland Court St. Roland Park WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Hoffman Lord

(a) RESIDENCE NO. 44 Roland Court ST., Roland Park WARD
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 19 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 6 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General natore of industry, bosiness, or establishment in which employed (or employer) none

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER J Walter Lord

11 BIRTHPLACE OF FATHER (city or town) St Louis
(State or country) Mo.

12 MAIDEN NAME OF MOTHER Henrietta Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant R Curzon Hoffman

(Address) Owings Mills Md

Filed 2 5 1929 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 25 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 16, 1929, to Feby 25, 1929, that I last saw h[illegible] alive on Feby 25, 1929 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(doration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Scarlet fever → Mitral Stenosis 9 yrs (doration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? ~~[illegible]~~

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Feby 25, 1929 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem — DATE OF BURIAL Feb 26 1929

20 UNDERTAKER Henry A Kuhns & Sons Co — ADDRESS McCulloh & Orchard St.

Spec.—1-12-23—M&T—500 Bks.

E 43405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 101-801 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas E Marquardt - MARQUARDT

(a) RESIDENCE No. 869 Park. Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary Marquardt

6 DATE OF BIRTH (month, day, and year) June 17th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	53	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tank tester

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Detroit Michigan

PARENTS

10 NAME OF FATHER Forest C. Marquardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Detroit Michigan

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Detroit Michigan

14 Informant Mrs Laura Vincent

(Address) 494 Brunswick St

15 Filed 5 1929 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24th 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1929, to 2-24, 1929, that I last saw him alive on 2-24, 1929, and that death occurred, on the date stated above, at 8 28 a m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) R M Emerson, M. D.

19 (Address) Hagers Hsp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Feb 27 1929

20 UNDERTAKER H. B. Wagner ADDRESS 1850 N. Gilmor St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43406

CERTIFICATE OF DEATH

100-09

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Sesano

(a) RESIDENCE NO. 156 N. Hare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Sesano

6 DATE OF BIRTH (month, day, and year) January 22 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Stephen Porreto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sesano Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

PARENTS

14 Informant John Sesano

(Address) 156 N. Hare St

15 Filed 2 51929 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 24, 1929,

that I last saw h[illegible] alive on Feb 24, 1929,

and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at hosp

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. Epstein, M. D.

2-24, 1929 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Feb 26 1929

20 UNDERTAKER Frank V. Cipolone

ADDRESS 2815 E. Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43407 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43407

105

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-56

CITY OF BALTIMORE: (No. 4522 Falls Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Smith

(a) RESIDENCE NO. 4522 Falls Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary V. Smith

6 DATE OF BIRTH (month, day, and year) Nov 11 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. O+D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER John F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Fred Smith

(Address) 4522 Falls Road

15 Filed 2 5 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 19 29, to Feb 25, 19 29, that I last saw h— alive on Feb 25, 19 29 and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. A. Duckett M. D.

Feb 25, 19 29 (Address) 1516 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Hampden	Feb 27 19 29
20 UNDERTAKER Johnson & Son	ADDRESS 24 W. Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43408

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N Spring ST. 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Bruns

(a) RESIDENCE NO. 1 N Spring ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara

6 DATE OF BIRTH (month, day, and year) Aug 12 1867

7 AGE — Years: 61 | Months: 6 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Karl
(Address) 1 N Spring

15 FEB 25 1929 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 22, 1929, that I last saw him alive on February 22, 1929 and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephrocandeti

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J Ayd, M. D.

Feb 24, 1929 (Address) 2005 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Redeemer — DATE OF BURIAL: 27 Feb 29

20 UNDERTAKER: Chas. W. E. Dippold — ADDRESS: Feb 28 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43409 E 43409

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

City of BALTIMORE: (No. 859 Harlem Av St. 16-26 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Barron

(a) RESIDENCE NO. 859 Harlem St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Sept~~ Oct. 2, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary Farrell

(Address) 859 Harlem Av

15 Filed C. Harrison Jones M. D. Registrar

51929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. Only

CONTRIBUTORY (Secondary) Inflam Rheumatism

(duration) 2 mos. ds.

(Signed) L. D. Finch M. D.

(Address) Feb 23 1929

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Feb. 2[illegible], 29

20 UNDERTAKER E. Leroy Stiffler ADDRESS 1255 North ave.

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43410 E 43410

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1431 Federal ST. 9-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Friedrick Myers

(a) RESIDENCE NO. (Usual place of abode) 1481 Federal ST., WARD

Length of residence in city or town where death occurred Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J Myers

6 DATE OF BIRTH (month, day, and year) June 4, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer Pennsylvania Rdy Co

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John F Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jessie Smith

(Address) 1439 Belmont St.

15 Filed ....., 19 .....

51929 For ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Feb 25, 1929, that I last saw he alive on Feb 25 1929 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, Cardiac Hypertrophy, Edema of Glottis, Asphyxia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Nephritis, Cardiac Hypertrophy, Edema of Glottis, Asphyxia (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) C O Carman, M. D.

2-25 1929 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2/26 1929

20 UNDERTAKER M Koch

ADDRESS 1217 E Pratt St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43411

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO. 27-56

CITY OF BALTIMORE: (No. Howard & Madison ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Wimbrough

(a) RESIDENCE NO. 5000 Clemmore Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 19, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Wm Burdick of R.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Harry Kessler
(Address)

Filed Feb 25, 1929 C. Pearson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Feb 24, 1929, that I last saw h[illegible] alive on Feb 24, 1929 and that death occurred, on the date stated above, at 4:55 P.m.

The CAUSE OF DEATH* was as follows:

Fract Rt Femur (open)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Kaufelmacher, M. D.

Feb 24, 1929 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood, Va — DATE OF BURIAL 2/26 1929

20 UNDERTAKER W. M. Cook — ADDRESS 1217 E Fayette

Cor.—12-9-25—A Co.—200 Bks.

E 43412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43412

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 642 Aull St. 9-46 Ward)

2-FULL NAME Sophia Marsch

(a) RESIDENCE NO. 642 Aull St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 19/1847

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	81	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town)

(State or country) Harrisburg, Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Mary E. Yonsling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Wm. E. Todd

(Address) ~~1209 Hudson St~~

15 Filed 2/25 19 29 H. Randall Jones M. D.

51929 RKM Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Degeneration

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Crim M. D.
(Coroner)

(Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa Date of Burial 2/26 1929

20 UNDERTAKER J. M. Coulter ADDRESS 1217 Pond St

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43413

CERTIFICATE OF DEATH.

185 **E 43413**

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St. 10-28 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E Shipley

(a) RESIDENCE NO. 1914 Frederick Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Shipley

6 DATE OF BIRTH (month, day, and year) May. 24-1847

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	81	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer Coal

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Scotland

PARENTS

10 NAME OF FATHER Thomas Shipley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Mrs. Mildred DeLyser

(Address) 1914 Frederick Ave

15 DEC 25 1929 C. Harrison Jones M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) investigation (Inquest, autopsy or inquiry.) find that said deceased came to my death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull from fall down stairs Accident

(duration) yrs. 1 mos. 1 day

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(duration) yrs. 1 mos. ds.

(Signed) H. M. Fenton M. D. (Coroner)

1929 (Address) 701 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1914 Frederick Ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cemetery Dec. 26 1929

20 UNDERTAKER ADDRESS

George L. Schnauf 110 Fulton Ave.

very important. See instructions on back of certificate. ...ON is

Spec.—2-29-28—L. F. S.—500 Bks.

Morris Nash.

E 43414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 43414

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (or B. C. A. WARD) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Nash

(a) RESIDENCE NO. 2839 Remington ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Spencer Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 2-28 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1929, to Feb. 25, 1929, that I last saw him alive on Feb. 25, 1929 and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Hamp Smith, M. D.

2-25-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 28 1929

20 UNDERTAKER Sam'l M. Chase & Son ADDRESS 1400 Mosher

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43415

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1295

E 43415

REGISTERED NO.

City of BALTIMORE: (No. 772 Harrick St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Williams

(a) RESIDENCE NO. 772 Harrick St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: common labor

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Alabama

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Alabama

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Alabama

14 Informant John Smith

(Address) Richmond Va.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 19 29, to 2/24, 19 29

that I last saw him alive on Feb. 24, 19 29

and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Tompkins, M. D.

19 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or if death from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Date of Burial Feb. 27, 1929

20 UNDERTAKER A L Brunton ADDRESS 10 N Montgomery St

Very important. See instructions on back of certificates.

E 43416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 43416

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Reddings court ST. 22-33 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah anderson

(Residence in Baltimore: No. 28 Reddings Ct St. 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Emerson

(Address) 707 S. Charles St

15-

Filed ..... 191... R. C. [illegible] Registrar.

FEB 25 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 28 1924, to February 24 1925, that I saw h[illegible] alive on February 22 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Thomas H. Brown M. D.

191... (Address) 131 W. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon Ct

DATE OF BURIAL, Feb. 26, 1925

20-UNDERTAKER, S. E. Brown Son

ADDRESS 131 W. Pratt

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43417

CERTIFICATE OF DEATH.

101-001

E 43417

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 830 Warner ST. 4-31 WARD)

2-FULL NAME George David Mills

(a) RESIDENCE No. 830 Warner ST., 2nd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Edna Mills

6 DATE OF BIRTH (month, day, and year) April 7 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Sugar Refinery Portsmouth Va

9 BIRTHPLACE (city or town) (State or country) Portsmouth Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edna Mills

(Address) 830 Warner St

15 Filed 3 26 1929, 19 H. M. RAWLINGS, M. D. Registrar

BY Rob

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/ 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/19/ 1929, to 2/24/ 1929, that I last saw him alive on 2/24/ 1929, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Acute Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) H. M. Rawlings M. D.

, 19 (Address) 709 Court St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va

DATE OF BURIAL Feb 26 1929

20 UNDERTAKER S. W. Brown & Son

ADDRESS 1618 W Mont

Cor.—10-10-29—A Co.—100 Bks.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

'E 43418

47 E 43418

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1620 Mc Culloh St. 14-20 Ward)

2-FULL NAME Lizzie Smith

(a) RESIDENCE NO. 1620 Mc Culloh Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Smith

6 DATE OF BIRTH (month, day, and year): 1878 Nov 30

7 AGE — Years: 50. Months: 2 Days: 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town): Va.
(State or country)

PARENTS

10 NAME OF FATHER: John Emory

11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)

12 MAIDEN NAME OF MOTHER: Arabella Sanders

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant: Albert E. Smith
(Address) 1620 Mc Culloh

15 Filed FEB 26 1929, 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 25 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) ..yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) [illegible] M. D.

2/25/29 (Address) North & Druid

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va. Laurel Cem. Co — DATE OF BURIAL: 2-26-29

20 UNDERTAKER: Daniel Easter — ADDRESS 916 Pa Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43419

E 43419

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Patterson Pk. Ave. St.) 8-16 (WARD)

2-FULL NAME Edward Jacob Myers.

(a) RESIDENCE NO. 1919 Patterson Pk Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Melinda Myers

6 DATE OF BIRTH (month, day, and year) Jan 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	46	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milk Delivery

(b) General nature of industry, business, or establishment in which employed (or employer) Dairy

(c) Name of employer Western Md. Dairies

9 BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Melancthon Myers.

11 BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarilla E. Fleagle

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Md.

14 Informant Mrs. Edw. Myers. (Address) 1919 Patterson Pk Ave.

15 Filed FEB 20 1929 FRANK J. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Feb. 24, 1929

that I last saw h/M alive on Feb. 23, 1929

and that death occurred, on the date stated above, at 1.15 m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Cardiac Decompensation

Coma Uraemia.

(duration) ? yrs 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Wm. S. Love M. D.

, 19 (Address) 1702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Feb 27 1929

UNDERTAKER H. A. Marshall ADDRESS 3539 Fall Pl

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43420

CERTIFICATE OF DEATH.

11-001

E 43420

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hospital St. Ward)

2-FULL NAME Rosa M Jackson

(a) RESIDENCE NO. 1521 W Lexington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Wm Jackson

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary Howes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Wm Jackson

(Address) 1521 W. Lexington St

FEB 26 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold Brooke M. D.

(Coroner)

2/27, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

Date of Burial Feb 26 1929

20 UNDERTAKER Standard Funeral Home

ADDRESS 1900 Mad Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43421

CERTIFICATE OF DEATH.

167-001

E 43421

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1021 Homewood Ave Ward 14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Ellender (Miller)

(a) RESIDENCE NO. 1021 Homewood Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Ellender

6 DATE OF BIRTH (month, day, and year) Aug. 21 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew P. Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary E. Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Mary E. Miller (Mother)

(Address) 904 Homewood Ave

15 Filed 19 16 Registered 19 17 Registrar

B 28 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23, 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Temporary Insanity

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

2/25/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Feb 26 1929

20 UNDERTAKER Elmer W Conklin ADDRESS 924 E. Eager St.

very important. See instructions on back of certificate.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43422

CERTIFICATE OF DEATH

90

REGISTERED NO. E 43422

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 N. Fulton Ave St. 19-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silvio Tosi

(a) RESIDENCE NO. 526 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ✓ mos. ✓ ds. How long in U. S. If of foreign birth 50 yrs. — mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Edna Tosi

6 DATE OF BIRTH (month, day, and year) Aug 19 - 1856

7 AGE: Years 72 Months 6 Days 5 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architect & Designer

(b) General nature of industry, business, or establishment in which employed (or employer): 207

(c) Name of employer: Raine Salmon & Co.

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Jos. Tosi

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Floyd Jackson (Address) Bruce Va.

15 Filed ..... 19.. C. F. [illegible] Registrar

B 26 1929 Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 24 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 2 , 1929 , to Febry 24 , 1929 , that I last saw him alive on Febry 23 , 1929 , and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Rheumatism Chronic

(duration) 10 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George B Shannon , M. D.

2/25 , 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Feb 27 1929

20 UNDERTAKER: Jos Joerdens Son ADDRESS 2178 Pa.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43423

1—PLACE OF DEATH

REGISTERED NO. 21-24 23

CITY OF BALTIMORE: (No. University Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa Miller

(a) RESIDENCE NO. 1147 Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 9 1925

7 AGE: Years 3 | Months 11 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Chas E Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Mamie Stammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant Mamie E Stammer

(Address) 1147 Hamburg st

15 Filed FEB 26 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/29

17

I HEREBY CERTIFY, That I attended deceased from 1/21, 1929, to 2/25, 1929, that I last saw h er alive on 2/25, 1929 and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Epidemic encephalitis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Hans Zinsser, M. D.

2/25/1929 (Address) University Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 27 1929

20 UNDERTAKER John J Fields — ADDRESS 210 N Fremont

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 43424

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 839 N. Milton Ave St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Norma Orsini

(a) Residence No. 839 N. Milton Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 14 1929

7-AGE. — yrs. — mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Vincent Orsini

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Assunta D'Onofrio

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). New York N Y

14- (Informant). Vincent Orsini

(Address). 839 N. Milton Ave.

15- FEB 26 1929 H. [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 25/29.

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 1929 to Feb 25 1929.

that I last saw her alive on Feb 25 1929.

and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. P. Herzog M.D. M. D.

Feb 25, 1929 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Hosp. DATE OF BURIAL. Feb 1929

20-UNDERTAKER. Leo S. Cook ADDRESS 1723 Patt Pk Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 43425

E 43425

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-42

CITY OF BALTIMORE: (No. 4404 E. Forrest View Ave ST., Respeburg WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JOHN HENRY RASCH

(a) RESIDENCE NO. 4404 E. Forrest View Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie Rasch

6 DATE OF BIRTH (month, day, and year) May 8th, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8 years

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Rasch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Loschke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Emilie Rasch
(Address) 4404 E. Forrest View Ave.

15 Filed FEB 26 1929, 19 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1929, to Feb 24, 1929, that I last saw h[illegible] alive on Feb 24, 1929, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Pulmonis Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cystitis Acuta - Arthritis Deformans (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav A Ruf, M. D.
2/25, 1929 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuel Cemetery, Lauraville	Feb. 27 1929
20 UNDERTAKER	ADDRESS
Frederick Lassahn for	Fullerton

Spec.—1-12-23—M&T—500 Blks.

Luskin

HEALTH DEPARTMENT—CITY OF BALTIMORE

43426

CERTIFICATE OF DEATH.

100-001

E 43426

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Luskin.

(a) RESIDENCE NO. 2105 Orleans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Luskin.

6 DATE OF BIRTH (month, day, and year) [illegible].

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Zelkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ella Chasfis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Luskin (Address) 2105 Orleans St

15 Filed FEB 26 1929 Harry Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/1929

17 I HEREBY CERTIFY, That I attended deceased from 2/24, 1929, to 2/25, 1929, that I last saw her alive on 2/25, 1929, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.
Myocardial failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) H. H. Silver, M. D.

2/25, 1929 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 2/26, 1929

20 UNDERTAKER Jack Laws — ADDRESS 1439 E Balto St

Spec.—2-29-28—L. F. S.—800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43427

E 43427

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 9-46 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2341 Kirkham ST., 9 WARD)

2—FULL NAME Robert G. Cooper

(a) RESIDENCE NO. 2341 Kirkham ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word)
Male	White	married

5a If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Susie M. Cooper

6 DATE OF BIRTH (month, day, and year) Oct 11, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Edwin Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah L. Gendedon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Susie M. Cooper

(Address) 2341 Kirkham

15 Filed ... 19... Registrar

B 26 1929 Plat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24 1929

17

I HEREBY CERTIFY, That I attended/deceased from Feb 5, 1928, to Feb 24, 1929

that I last saw him alive on Feb 23, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Anuism of Ascending Aorta (Dissecting)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis Visceral Stenosis (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? eye X-ray &c.

(Signed) Ruth L. Whitehead, M. D.

2-25-29, 19 (Address) 7038 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York, Pa	Feby 27 1929
20 UNDERTAKER	ADDRESS
Bart F. Sumwalt	1442 N Broadway

Spec.—I-12-23—M&T—500 Bks.

E 43428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43428

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 22-31

CITY OF BALTIMORE: (No. [redacted] St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Elkins

(a) RESIDENCE No. 1935 E. Shop. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wilson

6 DATE OF BIRTH (month, day, and year) [illegible] 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Sains

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Matilda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Patient (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 22 1929

17 I HEREBY CERTIFY, That I attended deceased from 2 - 11, 1929, to 2 - 22, 1929 that I last saw h[illegible] alive on 2 - 22, 1929 and that death occurred, on the date stated above, at 5.15 01 m.

The CAUSE OF DEATH* was as follows:

Carcinoma - abdominal probably ovarian

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [redacted] M.D.

, 19 [redacted] Address BALTIMORE CITY HOSPITALS

*State the Disease or Condition Directly Causing Death, and the Contributory Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lucas DATE OF BURIAL 2/26 1929

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 43429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ~E 43429

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1006 Nursery alley 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie James

(a) RESIDENCE NO. 1006 Nursery Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Robert James

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hattie Bates
(Address) 1114 Thompson St

15 Filed FEB 26 1929 H. A. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1929, to Feb 24, 1929, that I last saw h.e alive on Feb 24, 1929 and that death occurred, on the date stated above, at 1130 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Calvert Green, M. D.

2-26-1929 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	2-27 1929

20 UNDERTAKER ADDRESS

Byron & Wright 1218 E. Eldery

Spec—12-23-21—E.B.R.S.—400 Bks. Charles Adams

E 43430 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 Peach alley, or other location) Registered No. 73-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Charles Adams

(a) Residence No..... 1111 Peach Alley Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Adams

6-DATE OF BIRTH (month, day and year) February 17, 1899

7-AGE.	If LESS than 1 day,
29 yrs. 0 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Porter

(b) General nature of industry, business, or establishment in which employed (or employer)..... Commission Co.

(c) Name of employer..... unknown

9-BIRTHPLACE (city or town)... Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Adams

11-BIRTHPLACE OF FATHER (city or town)... unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Maggie Holland

13-BIRTHPLACE OF MOTHER (city or town)... Pocomoke
(State or Country), Md

14-

(Informant)... Mary Pinson

(Address)..... 1111 Peach Alley

15-

Filed ... 1929 ... C. MAYNARD JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/22/29

17- I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 22, 1929, that I last saw h[illegible] alive on... Feb 22, 1929, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) 1 yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration)... yrs. about 2 wks. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) D. T. Lanore M. D.

2/22 1929 (Address) 1329 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel	February 26 1929
20-UNDERTAKER.	ADDRESS
Joseph A. Lively,	1094 N. Howard St.

Cor.—12-9-25—A Co.—200 Bks.

E 43431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 N. Payson St. 16-2nd Ward)

2-FULL NAME John Thomas Simering

(a) RESIDENCE NO. 809 N. Payson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Simering

6 DATE OF BIRTH (month, day, and year) November 11, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md. Casualty Company

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William F. Simering

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna E. Schickner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Anna E. Simering

(Address) 809 N. Payson St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Surgery. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

2/25, 1929 (Signed) F B Link M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

Date of Burial 2-28 1929

20 UNDERTAKER H. Thomas Jones M. D.

ADDRESS 1003 West Baltimore St.

Feb 26 1929 Rem.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Trego.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43432

CERTIFICATE OF DEATH.

100-001

E 43432

1-PLACE OF DEATH 27 Paloma

CITY OF BALTIMORE: (No. ..... St. 20-20 Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm E. Trego

(a) RESIDENCE No. 27 Paloma St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9-28

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Calvin Trego

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D. C.

12 MAIDEN NAME OF MOTHER Matilda Laird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Matilda Trego.
(Address) 27 Paloma Ave.

15 Filed FEB 26 1929 S. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 25, 1929, that I last saw him alive on Feb 25, 1929 and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl. & Phy

(Signed) Fred T. Kytzer M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL Feb. 27, 1929.

UNDERTAKER C. W. Dill.

ADDRESS 3109 Fredk. Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43433

CERTIFICATE OF DEATH.

129

E 43433

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3805 Caton Ave 20 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gottlieb Grotzinger

(a) RESIDENCE NO. 3805 Caton Ave, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ottilia Grotzinger

6 DATE OF BIRTH (month, day, and year) July 17-1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saw sharpener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oetzinger

(State or country) Germany.

PARENTS

10 NAME OF FATHER Gottlieb Grotzinger

11 BIRTHPLACE OF FATHER (city or town) Oetzinger

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Schwemmer

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Germany.

14 Informant Ottilia Grotzinger

(Address) 3805 Caton Ave

15 Filed 12 26 1929 19 [illegible] Registrar

Per KDG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 - 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov-9 - 1929, to Feb 24 - 1929, that I last saw h~~im~~ alive on Feb 21 - 1929, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs, symptoms only

(Signed) Chester Leland, M. D.

2-25-1929 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Feb. 27, 1929

20 UNDERTAKER C. W. Dill. ADDRESS 3109 Frederick Ave.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43434

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH 3rd

CITY OF BALTIMORE: (No. 1718 W. Lanvale ST.) 16-22 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Brockington

(a) RESIDENCE NO. 1718 W. Lanvale ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1929

7 AGE — Years — Months — Days 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Elliot Brockington

11 BIRTHPLACE OF FATHER (city or town) Florence S.C.
(State or country)

12 MAIDEN NAME OF MOTHER Ollie Benjamin

13 BIRTHPLACE OF MOTHER (city or town) Florence S.C.
(State or country)

14 Informant
(Address)

15 Filed 2/23 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Feb. 22, 1929, that I last saw him alive on Feb. 22, 1929, and that death occurred, on the date stated above, at 11:45 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of Newborn
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (34 wks)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Louis T. Krog Jr. M. D.
(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND
DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.
Per. Wm. E. WOODALL
ADDRESS

FEB 26 1929 FRANCIS M. JONES, M. D.
3295

FEB 26 192

IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 43435

CERTIFICATE OF DEATH.

E 43435

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 1-24 Ward)

2-FULL NAME Enoch Randolph

(a) RESIDENCE NO. 1219 McCulloh St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years 45 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hosp Record

(Address)

15 Filed FEB 26 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertrophy (duration) yrs. Sudden

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(Signed) Fredrick M. D.

(Coroner)

Feb 25th (Address) Coroner W La

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND Date of Burial FEB 26 1925

20 UNDERTAKER

ADDRESS

G. Hunter Jones M. D. Commissioner Health

FEB 26 1925

3296

If very important. See instructions on back of certificate.

Cor.—12-9-25—A C—200 Bks.

E 43436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 43436

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1702 Fait av St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura [illegible] Yurek

(a) RESIDENCE NO. 1702 Fait av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
fml	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19, 23

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER [illegible] Yurek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Kurek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant [illegible] Yurek

(Address) 1702 Fait av

Filed 2 8 1929 19 C. [illegible] JONES, M. D.

By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

2/25 1929 (Address) 700 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary. Date of Burial: 2/27 1929

20 UNDERTAKER: William Fiscorsi ADDRESS: 1012 Eastern Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43437

CERTIFICATE OF DEATH.

101-001

E 43437

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 N. Kenwood Ave 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard ~~Walter~~ Welsh

(a) RESIDENCE NO. 410 N. Kenwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20/24

7 AGE	Years	Months	Days 28	IF LESS than 1 day.....hrs. or.....min.
	4	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Welsh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna Ponkow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Walter Welsh

(Address) 410 N. Kenwood Ave

17 Filed 2/25/29 C. Harry Jones, M. D. Registrar

B 261529

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/ 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) "Convulsions"

(duration) yrs. mos. ds.

(Signed) J. S. Culley M. D.
(Coroner)

19 29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial Feb 27 1929

20 UNDERTAKER Jas. J. Kerr & Son ADDRESS 1564 Lyndale

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks. 2:45 AM.

E 43438
222611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 E 43438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. E 13 (WARD)

2-FULL NAME Betty Funari

(a) RESIDENCE NO. 1916 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1 1928

7 AGE Years — Months 4 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Nannie Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 26 1929 H. R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 26, 1929, that I last saw her alive on Feb 26, 1929, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis, Streptococcic

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Streptococcic Septicaemia Pneumonia, Pleurisy

(duration) yrs. mos. 4 ds?

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture Examination.

(Signed) James A Miller M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb 27 1929

20 UNDERTAKER M. F. E. Dispatch ADDRESS 37 Lan

B 26 1929

Please write very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 43439

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 E 43439

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE, (No. 6719 Fair St. 16-37 Ward)

(Harold)

2-FULL NAME Harlad J Harrison

(a) RESIDENCE NO. 6719 Fair St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Nov 15 1906

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer Self

9 BIRTHPLACE (city or town) _____

(State or country) New York St

PARENTS

10 NAME OF FATHER Frank Harrison

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) New York State

12 MAIDEN NAME OF MOTHER Jane Young

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) New York

14 Informant Ryland C Kellogg

(Address) 2219 Fair Ave

15 Filed_____ 19____ [illegible] Registrar

DD 1929 Died

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hang - By Suicide by

what I thought

(duration) ____ yrs. ____ mos. Few ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Kemler M. D.

(Coroner)

1929 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL U S National — Date of Burial 1/28 1929

20 UNDERTAKER Wm Cook — ADDRESS 2175 Fair

very important. See instructions on back of certificate. FAILURE TO STATE FULLY AND CORRECTLY ANY OF THE INFORMATION REQUESTED, INCLUDING NATURE OF OCCUPATION IS

Spec.-7-17-26—A Co.—200 Bks.

E 43440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43440

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Linder

(a) RESIDENCE NO. Arlington Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1/1871

7 AGE Years 57 Months 7 Days 24 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman-St. Car

(b) General nature of industry, business, or establishment in which employed (or employer) 574

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis F Linder

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Honorah Linder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Louisa Linder

(Address) Linden Ave & Shelbourne Road

15 Filed 2 6 1929 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/29

17 I HEREBY CERTIFY, That I attended deceased from 2/23/29 19..., to 2/25/29, 19...

that I last saw h~~im~~ alive on 2/25/29, 19...

and that death occurred, on the date stated above, at 3:30 a.m. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Feby 28 1929

20 UNDERTAKER: Harry A Amacher — ADDRESS: 4204 Ridgewood Ave

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Frank R Border ✓

E 43441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43441

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 717 Brookwood Road ST. 2-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank R. Border

(a) RESIDENCE NO. 717 Brookwood Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Border

6 DATE OF BIRTH (month, day, and year) Dec. 21 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bedford Co. Pa.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Thomas L. Crane
(Address) 717 Brookwood Road

15 Filed 2 6 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27/29, 19 to Feb 28/29, 19, that I last saw him alive on Feb 28/29, 19, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Pneumonia (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Thos. B. Coll, M. D.

Feb 28/29 (Address) 1 W Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Cem. Harrisburg Pa.

DATE OF BURIAL: 3/5 1929

UNDERTAKER: Wm Cubby

ADDRESS: 130 S. Fort.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43442

CERTIFICATE OF DEATH

90 E 43442

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Battery Ave. ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E. Weeks

(a) RESIDENCE NO. 1416 Battery Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willett I. Weeks

6 DATE OF BIRTH (month, day, and year) Sept. 30 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

PARENTS

10 NAME OF FATHER James B. New

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Lusa A. Barrack

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Mr. Weeks
(Address) 1416 Battery Ave

15 Filed 2 5 1929, 19 C. HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Feb 25, 1929, that I last saw h.r. alive on Feb 2-4, 1929, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows: Carcinoma Pelvis Metastasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Degeneration Chronic Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Hamm, M. D.

, 19 (Address) 1215 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2/27 1929

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43443

CERTIFICATE OF DEATH

101-001

E 43443

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1314 Mount St 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Thomas

(a) RESIDENCE NO. 1314 Mount St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17 1891

7 AGE: Years 38 Months Days 7 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Frank Thomas

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Beatrice Wallace

(Address) 1314 Mount St

15 Filed JUL 26 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1929

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to July 24, 1929, that I last saw h alive on July 24, 1929, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Blandin, M. D.

July 25 19 29 (Address) 1504 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: July 27 1929

20 UNDERTAKER: Mrs. R. G. Elbert — ADDRESS: 1715 Eastern Ave

very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 43444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43444

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St., 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Willie Scott.

(a) RESIDENCE NO. 1323 N. Chapel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	43	—		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Chas Ford
(Address) 1323 N. Chapel

Filed Feb 26 1929 19 C. HARRISON JONES M.D. Registrar Per RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to (Inquest, autopsy or inquiry) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Jones M. D.

Feb 25 29 (Address) Coroner N.W.Dist

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ant. Calvary	Feb. 27 1929
20 UNDERTAKER	ADDRESS
Mrs R. C. Elliott	1725 Eutaw

important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43445 E 43445

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4214 Parkheight St., 15 WARD 58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Frangoni

(a) RESIDENCE No. 4214 Parkheight St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oresto Frangoni

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Dominick Fraiade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Perlo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonia Sandicini
(Address)

15 Filed . 192 C. HAMPSON JONES, Registrar
261929 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Disease

Of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Stonesifer, M. D.
(Coroner)

2/26, 192 (Address) 3622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Wednesday 27 1929

20 UNDERTAKER Frank V. Papstone

ADDRESS 2718 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43446

CERTIFICATE OF DEATH

101-001

E 43446

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2340 Fleet St. ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward C. Mrozinski Jr

(a) RESIDENCE NO. 2340 Fleet St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward J Mrozinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Theresa Saczynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edward J Mrozinski
(Address) 2340 Fleet St.

15 Filed 2 6 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 19 29 to Feb 27 19 29

that I last saw him alive on Feb 27 19

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 800 N Mad 402 4

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb. 27 1929

20 UNDERTAKER	ADDRESS
John M Weber 4d & Chester	

Cor. 12-9-25 A Cor. 200 Bks.

E 43447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43447

1-PLACE OF DEATH

City of BALTIMORE: (No.) St James Hospital (Street) 25-12 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Hatkins

(a) RESIDENCE NO. 1906 Cascade ave. (Street) Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Annie M Hatkins

6 DATE OF BIRTH (month, day, and year): April 24 1867

7 AGE: Years 61. Months 10. Days 1. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country)

10 NAME OF FATHER: Samuel Hatkins

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Clark

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Annie M Hatkins

(Address) 1906 Cascade ave

15 Filed 2 6 1929 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25. 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by automobile on Washington Boulevard & 10th St fracture ribs. R. side Punctured lung & internal injury

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. ds.

(Signed) Harold Brooks M. D.

(Coroner) 5 W. Lee

2/26 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: Feb. 28 1929

20 UNDERTAKER: J Walter Davis ADDRESS: 3307 Pine St

very important. See instructions on back of certificate.

PARENTS

OCCUPATION

Spec.—2-29-28—L. F. S.—500 Bks.

E 43448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43448

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 427 N. Exeter ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Salvatore Manzella

(a) RESIDENCE NO. 427 N. Exeter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Manzella

6 DATE OF BIRTH (month, day, and year) 5/12-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Mariano Manzella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Barano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anthony Culotta

(Address) 1202 Brentwood st

15 Filed 2 6 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 24/29

17 I HEREBY CERTIFY That I attended deceased from Jan 4 - 1929 to Feby 24 1929

that I last saw ~~him~~ alive on Feby 24 1929

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert H. Levy M. D.

2/5/29 (Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent Cemetery	2/27 1929

20 UNDERTAKER Geo J Ruth ADDRESS 1735 Harford ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43449

101-001

E 43449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1632 N. Bruce St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen L. Crawford

(a) RESIDENCE NO. 1632 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 6-1928

7 AGE: Years — Months 4 — Days 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Leroy Crawford

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Norwood

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Annie Crawford

(Address) 1632 N. Bruce

15 Filed 1929 by G. Hamson Jones M. D. Registrar

Fee Paid

261929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 26 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Filed Feb 27 1929 (Coroner) H. Leland M. D.

(Address) Coroner's Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial 2/27 1929

20 UNDERTAKER: Thomas E. Kelson. — ADDRESS 1307 Preastman St

very important. See instructions on back of certificate. Give statement of OCCUPATION

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43450 E 43450

CERTIFICATE OF DEATH

1—PLACE OF DEATH Baltimore REGISTERED NO. 4345

CITY OF BALTIMORE: (No. 207 W. Mulberry ST., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee Quong

(a) RESIDENCE NO. 207 W. Mulberry St., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	yellow Chinese	married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of in China & unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lee Chew

(Address) 212 W. Mulberry St.

15 251929 C. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1929, to Feb. 23, 1929, that I last saw h[illegible] alive on Feb. 23, 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prot. Pulmonary T.B.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. C. Blake, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb. 27, 1929

20 UNDERTAKER John O. Mitchell & Sons,

ADDRESS 1900 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43451 E 43451

CERTIFICATE OF DEATH

24-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 725 Glenwood Ave (St.) 27-45 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Carroll Werning

(a) RESIDENCE NO. 725 Glenwood Ave St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male ~~Female~~

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Werning

6 DATE OF BIRTH (month, day, and year): Jan 13 1879.

7 AGE: Years 49 Months 8 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph R Werning

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Helen L Wormuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Blanche Werning (Address) 725 Glenwood Ave

15 Filed 2 6 1929, 19 C. HAMPSON JONES, M. D. Registrar. Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 1929

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to Feb 25 1929, that I last saw h[illegible] alive on Feb 10 1929 and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

to Hemorrhage (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R L Kuyk M. D.

Feb 26 1929 (Address) Wentworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feb 28 1929

UNDERTAKER: John O Mitchell and Son

ADDRESS: 1900 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

E 43452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 43452

1—PLACE OF DEATH 1912 W. Lafayette Ave. Baltimore

CITY OF BALTIMORE: (No. 1912 W. Lafayette Ave. ST.) (WARD) 8-17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Merle Turner

(a) RESIDENCE NO. 1912 W. Lafayette Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Verl D. Turner

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work household duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry M. Totty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sue Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Verl D. Turner
(Address) 1912 W. Lafayette Ave.

15 Filed 2 6 1929 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Feb 25, 1929, that I last saw h. W alive on Feb 24, 1928 and that death occurred, on the date stated above, at 12-30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [signature], M. D.

2-26, 1929 (Address) Earl Court Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb. 27, 1929

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43453

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 E. Biddle ST.) 10-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary G. Kathman

(a) RESIDENCE NO. 1404 E. Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 68

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John J. Kathman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Sophia Alferman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Miss M. Kathman

(Address) 1404 E. Biddle St.

15 Filed FEB 27 1929, 19 Per ACH Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27. 1929

17 I HEREBY CERTIFY, That I attended deceased from May 25 1926, to Feb 26 1929, that I last saw h Cr alive on Jan 28 1929 and that death occurred, on the date stated above, at 3-40 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Multiple neuritis

(duration) 2 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. M. C. Parker, M. D.

Feb 27, 1929 (Address) 111 W Mad St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Feb. 27 1929

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1722 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43454

CERTIFICATE OF DEATH

31 E 43454

1—PLACE OF DEATH

REGISTERED NO. 2911

CITY OF BALTIMORE: (No. 3801 Edmondson Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Patrick Flynn

(a) RESIDENCE NO. 3801 Edmondson ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 5. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Thomas Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McHale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss N. Flynn

(Address) 3801 Edmondson ave

15 Filed 1929 Per C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 26. 29

17 I HEREBY CERTIFY, That I attended deceased from 2. 5. 1929, to 2. 26. 1929, that I last saw him alive on 2. 26. 1929 and that death occurred, on the date stated above, at 9.30A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchopneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Dilitation of the Heart (duration) yrs. mos. 1 ds.

Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. Edward Norris, M. D.

2.26.1929 (Address) 107 East west st

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL March 1 1929

20 UNDERTAKER M. J. Flynn

ADDRESS 1422 Light st

Spec.—1-10-21—M&T—1500 Bks.

E 43455 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-81

E 43455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. America Hospital ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M Butts

(a) RESIDENCE No. 1839 Covington ST. 74 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Leo. M Butts

6 DATE OF BIRTH (month, day, and year) — — 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) J. C. College

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Conn

PARENTS

10 NAME OF FATHER Henry Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Henry M Butts

(Address) 1839 Covington St

15 Filed 2 6 1929 Del. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 26 1929

17

I HEREBY CERTIFY, That I attended deceased from 2 - 23, 1929, to 2 - 26, 1929, that I last saw h alive on 2 - 26, 1929, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? stethoscope

(Signed) A. J. Conrey, M. D.

, 19 (Address) Vol. America Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/28 1929

UNDERTAKER J. J. Lahey & Sons

ADDRESS 31 E Lexington St

FROM Every Important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43456

CERTIFICATE OF DEATH.

101-009

1-PLACE OF DEATH Sinai Hosp.

CITY OF BALTIMORE: (No. Monument & Rutland Av ST. 15-68 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Gilman

(a) RESIDENCE NO. 2123 Eastchill Ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec. 18, 1928

7 AGE — Years: — Months: 2 Days: 7 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph L. Gilman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna L. Rulett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Joseph L. Gilman
(Address) 2123 Eastchill Ave

Filed 2 6 1929 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1929, to 2-25, 1929, that I last saw her alive on 2-25, 1929, and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Feb. 27 1929

20 UNDERTAKER: Harry N. Witzke, 1531

ADDRESS: N. Lombard St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43457

CERTIFICATE OF DEATH

101-00

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 351 S. Mount St. ST. (WARD) 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa J. Ernest

(a) RESIDENCE NO. 326 S. Mount St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Ernest

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank M. Arata

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie L. Rama

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Charles A. Ernest

(Address) 326 S. Mount St.

15 Filed 2 6 1929 19 C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to Feb 23, 1929, that I last saw h alive on Feb 23, 1929 and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Contributory (None)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

Feb 25, 1929 (Address) 14 So Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 27/29

20 UNDERTAKER Harry N. Ritzke, 53 N Lombard St.

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43458

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE, No. [redacted] ST. 18-29 WARD

REGISTERED No. E 43458

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Hamlin

(a) RESIDENCE No. 117 S Popplton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1857

7 AGE: 70 Years 71 Months 5 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Thomas Hamlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Ann M.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Records BALTIMORE CITY HOSPITALS

15 Filed 2 7 1929 By [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26 1929

17 I HEREBY CERTIFY, That I attended deceased from 8-15, 1927, to 2-26, 1929, that I last saw h[illegible] alive on 2-26, 1929, and that death occurred, on the date stated above, at 8.35 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Ch. myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

2/26 19 BALTIMORE CITY HOSPITALS [redacted]

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 28 1929

20 UNDERTAKER [redacted] — ADDRESS 1003 West Baltimore ST

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43459 — CERTIFICATE OF DEATH — 129 E 43459

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1003 W. North ave ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Baker

(a) RESIDENCE NO. 1003 W. North ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Max Baker

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Matofsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed 2 7 1929 C. HAMPSON GIBBES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/29

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 25, to Feb. 26 19 29.
that I last saw her alive on Feb. 26 19 29
and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Chronic Bronchitis (4 yrs.)
(Asthma)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute exacerbation of Bronchitis
(Asthma) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary analysis

(Signed) Frank R. Smith, M. D.

2/27/ 1929 (Address) 927 N. Calvert St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mach Hood	2/27 19 29

20 UNDERTAKER Jack Lewis 1439 E. Baltimore St ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43460

CERTIFICATE OF DEATH

101-001

E 43460

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Bank St. ST., 16-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geo. W. Elton

(a) RESIDENCE NO. 3504 Bank St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A. Gegner

6 DATE OF BIRTH (month, day, and year) Aug. 29th 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dancing Master

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Elton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth-----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Katherine A. Elton

(Address) 3504 Bank St.

15 Filed 2-27-1929 C. Hannah Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23th. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 19 29 to Feb 23 19 29

that I last saw h[illegible] alive on Feb. 23 19 29

and that death occurred, on the date stated above, at 11.23 P. M.

The CAUSE OF DEATH* was as follows:

Exhaustion

Senile (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? [illegible] place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogel. M. D.

2-25, 1929 (Address) 1601 E Monument St. city

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Feb. 27. 1929

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Spec.—1-12-23—M&T—500 Bks.

Schraudner'

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43461

CERTIFICATE OF DEATH

88

REGISTERED NO. E 43461

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. [redacted] ST. 612 WARD)

2-FULL NAME George Schrander

(a) RESIDENCE No. 1121 Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 0&6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed FEB 27 1929 19 [redacted] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-25, 1929, that I last saw him alive on 2-25, 1929, and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism, Chr.

Alcoholism, acute

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Clinical

(Signed) H. H. Young, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 2/28 1929

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

Laura Fisher

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43462

CERTIFICATE OF DEATH.

31

E 43462

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 805 Washington Blvd. St. 71-29 Ward)

2-FULL NAME Laura Fisher

(a) RESIDENCE NO. 805 Washington Blvd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or towd where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Rev. T. W. Lloyd

(Address) 805 Washington Blvd.

3 27 1929 Filed G. H. [illegible], M. D., Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooke M. D.

(Coroner)

2-25 1929 (Address) Brooke Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 2/27 1929

20 UNDERTAKER George J. Smith ADDRESS 1532 Bolton

Be sure to answer all questions, as time is often very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified.

Spec.-7-17-26—A Co.—200 Bks.

E 43463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 43463

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 W. Lexington St. 16-16 Ward) 129

2-FULL NAME Helen Hardy

(a) RESIDENCE NO. 1112 W. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced (or) WIFE of Isaiah Hardy

6 DATE OF BIRTH (month, day, and year) Aug 1899

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	29	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Hall

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Hattie Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Isaiah Hardy

(Address) 1112 W. Lexington St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Feb 24, 1929, that I last saw her alive on Feb 23, 1929, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Ch. Parenchymatous Nephritis Ac. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) J. H. L. Hughes, M. D.

1/25, 1929 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial Feb-27 1929

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 2 7 1929

Cor.—12-1-26—A Co.—200 Blks.

E 43464

HEALTH DEPARTMENT—CITY OF BALTIMORE

1794 E 43464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. J-8 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Bell

(a) RESIDENCE NO. 207 Forest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 54 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Africa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant: Samuel Hill (Brother)
(Address) 1916 N Eaton St

FEB 27 1929

Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or inquiry.) thereon and from the evidence obtained by said [redacted] st, au- [redacted] or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidentally received at campfire on this & below from

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

to 27

(Signed) H. W. Wilkins M. D.
(Coroner)

, 19 (Address) 1179 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Date of Burial 2/28 1929

20 UNDERTAKER: Samuel Hensley ADDRESS 1725 N Eden

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 43465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Forrest St. 43-52 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles John Scharrer

(a) RESIDENCE NO. 837 Forrest ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (Write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Elizabeth M. Scharrer

6 DATE OF BIRTH (month, day, and year): Dec 10th 1859

7 AGE: Years 69 Months 2 Days 15 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: National Bottles Exchange Baltimore Md

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Scharrer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Richtscheidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth M. Scharrer (Address) 837 Forrest Street

Filed ..... 19 ..... Registrar

B 21525

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25th 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927, to Feb 25, 1929, that I last saw h live on 2/25/29, 19, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Toxemia

Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

Condition (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Katzenstein, M. D.

(Address) 2027 W Rath

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Sidbrille Md

DATE OF BURIAL: 2/28th 1929

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson Ave

Form 1577-M

Important—See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

d. Fenton
300 S Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43466

CERTIFICATE OF DEATH

29 E 43466

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 320 S. Highland Ave ST. No 2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Hatfield

(a) RESIDENCE NO. 320 S. Highland Ave ST., WARD 2d cond

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Hatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Zepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edith Thomas

(Address) 320 S Highland Ave

15 Filed B 27 1929 19 H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28. 19 28. to Feb. 26. 19 29.

that I last saw h[illegible] alive on Feb. 25 19 29

and that death occurred, on the date stated above, at 3 50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

chronic nephritis

arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? C

(Signed) F. Joseph Fenton, M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL March 1 1929

20 UNDERTAKER H. Leroy Sander & Son

ADDRESS 1710 Mat St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43467

CERTIFICATE OF DEATH

E 43467

1—PLACE OF DEATH

REGISTERED NO. 101-09

CITY OF BALTIMORE: (No. 35 S. East Ave. WARD) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clifford Adrian Miller

(a) RESIDENCE NO. 35 S. East Ave. WARD 26

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Miller

6 DATE OF BIRTH (month, day, and year) July 1st 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed at

(b) General nature of industry, business, or establishment in which employed (or employer) Taubmans store

(c) Name of employer (auto supply)

9 BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.

PARENTS

10 NAME OF FATHER Lee Miller

11 BIRTHPLACE OF FATHER (city or town) W. Va (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) W. Va (State or country)

14 Informant Mary A Miller (Wife) (Address) 35 S. East ave.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25th 1929

17 I HEREBY CERTIFY. That I attended deceased from Feb. 21 1927 to Feb. 25 1929

that I last saw him alive on " 25 1929

and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. S. Neer, M. D.

3/26/29 (Address) 405 S. Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Mch. 1st 1929.

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43468

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO. 46-37

CITY OF BALTIMORE: (No. 628 S. Tagley ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude V. Ruppalt.

(a) RESIDENCE NO. 628 S. Tagley ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1916

7 AGE: Years 12 | Months 7 | Days 9 | If LESS than 1 day, [illegible] hrs. or [illegible] min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School attendant

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Matthew J. Ruppalt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary E. Doerfler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Matthew J. Ruppalt (Father)

(Address) 628 S. Tagley St.

15 Filed [illegible], 19 [illegible] Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 25, 1929, that I last saw h[illegible] alive on Feb 24, 1929 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

[illegible] (duration) 1 yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Acute Myocarditis (duration) Gradual yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Thomas M. D.

2 26 1929 (Address) 385 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Feb. 28 1929

20 UNDERTAKER: Lilly + Geiler Inc

ADDRESS 409 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43469

CERTIFICATE OF DEATH

E 43469

1—PLACE OF DEATH

CITY OF BALTIMORE: No. 5802 York Road ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza A. Greenlee

(a) RESIDENCE NO. 5802 York Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of William H Greenlee

6 DATE OF BIRTH (month, day, and year) Jan. 24-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co Maryland

PARENTS

10 NAME OF FATHER James W. Wilson

11 BIRTHPLACE OF FATHER (city or town) Caroline Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Cordis Co (State or country) Maryland

14 Informant R. Earle Greenlee

(Address) 3303 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to Feb. 27, 1929, that I last saw h[illegible] alive on Feb. 26, 1929 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Koons M. D.

2-27, 1929 (Address) 5802 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro Caroline Co Md

DATE OF BURIAL March 1st 1929

20 UNDERTAKER William Coats

ADDRESS 1417 St Paul

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43470

CERTIFICATE OF DEATH.

181-001

E 43470

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 337 S Caroline St., 3-4 Ward)

2-FULL NAME Michael Kalaskas

(a) RESIDENCE NO. 337 S Caroline St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER O Kalaskas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Julia Reamsnarow

(Address) 337 S Caroline St

15 Filed _____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by illuminating gas (Gas stove was turned on)

Suicidal

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) 7 yrs. ___ mos. ___ ds.

(Signed) James H. Denton M. D.

(Coroner)

2/25 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Independent Date of Burial: Mar 4, 1929

20 UNDERTAKER: John Grebliunas ADDRESS: 423 S. Paca St.

Be sure to print clearly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43471

CERTIFICATE OF DEATH

90

E 43471

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 410 Nott ST., 5-8 WARD)

2—FULL NAME Charles H Williams

(a) RESIDENCE NO. 410 Nott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Williams

6 DATE OF BIRTH (month, day, and year): Dec 30 1875

7 AGE: 53 Years 54 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

11 Informant: Emma Williams

(Address): 410 Nott St

15 FEB 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929 to Feb 26, 1929.

that I last saw him alive on Feb 26, 1929

and that death occurred, on the date stated above, at 9 30p m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Feb 26 1929 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: 3/3 1929

20 UNDERTAKER: Wm Chas G. Bailey

ADDRESS: 142 Jefferson St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43472

1—PLACE OF DEATH

REGISTERED NO. 430 31

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Croxton

(a) RESIDENCE NO. 505 Redwood st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thornton Croxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed FEB 27 1929 19 C. HARRISON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1929, to Feb. 24, 1929, that I last saw him alive on Feb. 24, 1929 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

2-24-, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodberry cemetery	Feb 28 1929
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43473

CERTIFICATE OF DEATH

10-002 E 43473

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 9-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Gallagher

(a) RESIDENCE NO. 1800 Aisquith St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 14, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Della Madigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Chas. Gallagher

(Address) 1800 Aisquith St

15 Filed FEB 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1929, to Feb 26, 1929, that I last saw him alive on Feb 26, 1929 and that death occurred, on the date stated above, at 7 40 A. m.

The CAUSE OF DEATH* was as follows:

Tonsillar - Pharyngeal Diphtheria

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + pos. culture

(Signed) Myron G. Tice, M. D.

2/26, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Cathedral	2/27 1929
UNDERTAKER	ADDRESS
J. M. Cook	1275 Pine St

Spec.—1-10-21—M&T—1500 Bks. Mary A. Robinson

43474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 43474 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2001 Callow Ave (St.) 13-59 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Robinson

(a) RESIDENCE No. 2001 Callow Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Thomas J. Robinson

6 DATE OF BIRTH (month, day, and year): Aug 31, 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
72	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Richard Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Catherine Lemmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: C. Gregg

(Address) 1703 Maunsell Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/25- 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec, 1928, to Feb 25 1929,

that I last saw h[illegible] alive on Feb 25, 1929,

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Uterus Cancer

(duration) 3 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm S Love, M. D.

2-28 1929 (Address) 636 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/28 1929

20 UNDERTAKER: Tilton Cook

ADDRESS: 827 Park Ave

TION is very important. See instructions on back of certificates. E — Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43475

CERTIFICATE OF DEATH

101-001

E 43475

1—PLACE OF DEATH

REGISTERED NO. 15-68

CITY OF BALTIMORE: (No. 1724 Ashburton ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margery E Brown

(a) RESIDENCE NO. 1724 Ashburton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David C Brown

6 DATE OF BIRTH (month, day, and year) June 4th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John McVey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lydia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mr. G.C. Atkinson

(Address) 1724 Ashburton st

15 Filed FEB 27 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24- 1929 to Feb. 25- 1929, that I last saw h[illegible] alive on Feb. 25th 1929 and that death occurred, on the date stated above, at 5.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis & Enlarged Heart (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac E Dickson, M. D.

Feb 26, 1929 (Address) 3055 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Nottingham Cemetery Cecil Co. Md	Mar 1st 1929
20 UNDERTAKER	ADDRESS
George J Schilling & Sons	1136 E Monument st

Spec.–7-17-26—A Co.—200 Bks.

E 43476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 43476

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital 9-1-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Roles

(a) RESIDENCE NO. 1103 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 29 1922

7 AGE: Years 6 Months 2 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Leroy Roles

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Rose Ruff

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Leroy Roles

(Address) 1103 Carroll St

15 Filed C [illegible] 19 [illegible] M. [illegible]

B 27 1[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/27/29

17 I HEREBY CERTIFY, That I attended deceased from 2/22/29 19 to 2/27/29 19

that I last saw h[illegible] alive on 2/27/29 19

and that death occurred, on the data stated above, at 6 28 a.m. m.

The CAUSE OF DEATH* was as follows:

Pneumothorax

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 3 days da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 2/22/29

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. C. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial 3-1 1929

20 UNDERTAKER: Bernard C Hark — ADDRESS 1000 Pace St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43477

CERTIFICATE OF DEATH

117

E 43477

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Howard + Madison ST., 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elmer F. Trainor

(a) RESIDENCE NO. 5240 Reisterstown Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 11, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John H Trainor

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Schields

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

11 Informant John H Trainor

(Address) 5240 Reisterstown Rd

FEB 27 1928 Filed (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929, to Feb 26, 1929, that I last saw him alive on Feb 26, 1929 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. R. Kaiserlingwinder, M. D.

2/26, 1929 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 28, 1929
20 UNDERTAKER	ADDRESS
P. J. Jenkins Sons	Park

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43478

CERTIFICATE OF DEATH.

E 43478

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2021 Harlem Ave St. 16-27 Ward)

2-FULL NAME Walter Owens Nagle

(a) RESIDENCE NO. 2021 Harlem Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Emma F. Nagle

6 DATE OF BIRTH (month, day, and year): aug 11 - 1879

7 AGE: Years 37 | Months 7 | Days 10 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Woodworker

(b) General nature of industry, business, or establishment in which employed (or employer): Ale

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Nagle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Martha Winters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: Emma F. Nagle

(Address): 2021 Harlem Ave

15 Filed ..... 19 ..... Registrar

FEB 27 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2 26 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 17th 19 29, to Feb 26th 19 29, that I last saw him alive on Feb 25 19 29, and that death occurred, on the date stated above, at 6.57 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

duration ..... yrs. ..... mos. 35 ds.

CONTRIBUTORY (Secondary) H Kaufman

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Percy O McClung M. D.

19 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park — Date of Burial: Feb 28 19 29

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 W North Ave

Be sure that DEATH is stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. GIVE CAUSE OF DEATH

Spec.—2-29-28—L. F. S.—500 Blks.

E 43479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43479

90

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 16-50

CITY OF BALTIMORE: (No. 2207 N Calvert ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Sophia Burbage

(a) RESIDENCE NO. 2207-N-Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 29 ds. How long in U. S., if foreign birth 84 yrs. 9 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Burbage

6 DATE OF BIRTH (month, day, and year): April 27 1845

7 AGE — Years: 84 | Months: 9 | Days: 29 (28) | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Francis A. Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Mary Jarvis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Mrs. Emory Burbage (son)
(Address) 2814 Maryland Ave.

15 Filed B 27 1929 19 Harry J. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 29

17 I HEREBY CERTIFY, That I attended deceased from February 21, 1929, to February 25, 1929, that I last saw her alive on February 24, 1929 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute cardiac decompensation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Hem

(Signed) Geo. M. Gibbs, M. D.

2/26, 19 (Address) 2436 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Feb 27, 29.

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43480 CERTIFICATE OF DEATH. 161-902 E 43480

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Argyle Ave ST. 17-24 WARD)

2-FULL NAME Baby Green

(a) RESIDENCE NO. 1036 Argyle Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): ——

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) 2/26/29

7 AGE Years ..... Months ..... Days ..... If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Harry Johnson

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Rosalie Green

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Rosalie Green (Address)

15 Filed 3:30 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to Feb 26, 1929, that I last saw her alive on Feb 26, 1929, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Asphyxiation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Difficult Labor with uterine Inertia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. L. Yerby, M. D.

2/26, 1929 (Address) Argyle & Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND

JONES, M. D. Commissioner of Health.

FEB 27 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43481

BALTIMORE CITY HOSPITALS

CERTIFICATE OF DEATH

90 E 43481

1-PLACE OF DEATH [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. ..... ST. 5-8 WARD)

2-FULL NAME George Moore

(a) RESIDENCE No. 154 No Gay ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 76 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

031

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... [redacted] Registrar

FEB 27 1929 9:30 P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-24 1929

17 I HEREBY CERTIFY, That I attended deceased from 8-1 1928 to 2-24 1929

that I last saw h[e] alive on 2-24 1929

and that death occurred, on the date stated above, at 1:15 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Intrinsic (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Emphysema, senility (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

19 (Address) [redacted] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or if death was from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

FEB 27 1929

Commissioner Health

Per Wm. E. Woodall

FEB 27 1929

DEATH or BIRTH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43482 ✓ E 43482

E 43482 CERTIFICATE OF DEATH 90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 5-8 (WARD)

2-FULL NAME Moses Johnson

(a) RESIDENCE No. 110 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Mathew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Patient BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed FEB 27 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to 2-22, 1929, that I last saw him alive on 2-22, 1929, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypostatic Pneumonia

(Signed) [illegible] M. D.

, 19 BALTIMORE CITY HOSPITALS

(Address) [redacted]

*State the Disease [illegible] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

FEB 27 1929

FEB 27 1929

TION is very important See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43483

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST., 76 27 WARD

REGISTERED NO. E 43483

CITY OF BALTIMORE, NO. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Sidney

(a) RESIDENCE NO. [redacted] ST., [redacted] WARD

(Usual place of abode)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S., if of foreign birth? [redacted] yrs. [redacted] mos. [redacted] ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of: 7,

6 DATE OF BIRTH (month, day, and year)

7 AGE: 56 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Dept BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] 3303 RMR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-23 1927

17 I HEREBY CERTIFY, That I attended deceased from 3-19, 1928, to 2-23, 1927, that I last saw her alive on 2-23, 1927, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension - old Cerebral Hem[illegible] (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

TION is very important See instructions on back of certificate.

UNIVERSITY OF MARYLAND
FEB 27 1927
Department of Health

Spec.–7-17-26—A Co.—200 Bks.

43484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65-001

E 43484

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Felicitas Kilgarriff

(a) **RESIDENCE NO.** Mt. Washington (Mo.) St. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious 65

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Tuam

(State or country) Ireland

PARENTS

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mercy Hospital

(Address) Saratoga & Calvert.

15 Filed FEB 27 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/29

17 I HEREBY CERTIFY, That I attended deceased from 12/15/29, 19.., to 2/27/29, 19.., that I last saw h.e.r alive on 2/27/29, 19.., and that death occurred, on the date stated above, at 3:55 a.m. m.

The CAUSE OF DEATH* was as follows:

Leukemia

(duration) yrs. 3 to 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt St Agnes Cem Mt Washington Baltimore Co. Date of Burial 2-28-1929

20 UNDERTAKER Henry W. Jenkins' Sons Co. ADDRESS Orchard & Fulton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43485

CERTIFICATE OF DEATH

90 E 43485

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N Calvert ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella. B. DeLevering

(a) RESIDENCE NO. 1101 St Paul St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~ ~~widowed~~, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Late Leonard M. Levering

6 DATE OF BIRTH (month, day, and year) Dec 29 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gustave Ober

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co Md

12 MAIDEN NAME OF MOTHER Rebecca Kettlewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Maryland

14 Informant Gustave Ober Jr

(Address) Guilford Md

15 Filed ... 19 ... Registrar

B 27 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1927. to February 27 1929.

that I last saw h~~e~~r alive on February 27 1929

and that death occurred, on the date stated above, at 12 30 ~~P~~ A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia bilateral.

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension - Myocarditis

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P E

(Signed) Edwin O. Jarrell M. D.

2/27 1929 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Feb 28 1929
20 UNDERTAKER	ADDRESS
Henry W Jenkins & Son Inc	Garland Fredonia & Gallows Sts

Spec.—2-29-28—L. F. S.—500 Bks.

E 43486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 43486

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 6510 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Vacek

(a) RESIDENCE NO. 732 No Luzerne Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Vacek

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabt Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Vacek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Barbara Burn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Anna Vacek

(Address) 732 N Luzerne Ave

15 Filed FEB 27 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25-1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1929, to Feb. 25, 1929, that I last saw h[illegible] alive on Feb. 24 1929 and that death occurred, on the date stated above, at 5½ a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the Skin

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Sarcoma

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) A Epstein, M. D.

2-25, 1929 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 28 1929
20 UNDERTAKER	ADDRESS
Chas Crockson	910 Edmondson

Important: See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Schencke

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43487

CERTIFICATE OF DEATH. x 92

E 43487

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. (St.) 8-45 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schencke

(a) RESIDENCE No. 3114 Harview Ave. (St.) WARD 23 J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arline Schencke.

6 DATE OF BIRTH (month, day, and year) May 18, 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Executive

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hutzler Bros.

9 BIRTHPLACE (City or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Chas H Schencke.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newark N.J.

12 MAIDEN NAME OF MOTHER Louise [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Edwin Schencke (Bro)

(Address) 4112 Harview Ave

15 Filed FEB 27 1929 Per [illegible] Registrar

C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27 1929.

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1929, to 2/27, 1929.

that I last saw h[illegible] alive on 2/27, 1929.

and that death occurred, on the date stated above, at 11:-A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Primary oedema.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) coronary thrombosis

(duration) yrs. 1 mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs.

(Signed) A. A. Gilbert, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark N.J.

DATE OF BURIAL 2/27 1929.

20 UNDERTAKER John F. Devany

ADDRESS 715 Eutaw

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 43488 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43488

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospital 4-20 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Blake

(a) RESIDENCE NO. Provident Hospital ST., WARD Snow Hill, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of wnrk None

(b) General nature of industry, business, or establishment in which emplnyed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 3 27 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-29

17 I HEREBY CERTIFY, That I attended deceased from 2-20- 1929 to 2-26 1929

that I last saw h alive on 2-26 1929

and that death occurred, nn the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Operation Appendectomy

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if nnt at place of death? Hospital

Did an operation precede death? yes Date nf 2/22/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Jackson, M. D.

2/27 1929 (Address) Cornarlington

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Snowhill Md — DATE OF BURIAL 2-27 1929

20 UNDERTAKER Chas. G. Bailey — ADDRESS 1427 Jefferson St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43489

CERTIFICATE OF DEATH

11-001 E 43489

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5303 Midwood Ave ST. 27-55 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John William Dunn

(a) RESIDENCE NO. 5303 Midwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Marie Scidler

6 DATE OF BIRTH (month, day, and year) March 26, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Superintendent.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Connecticut

PARENTS

10 NAME OF FATHER Bernard Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Connecticut

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anna M Dunn

(Address) 5303 Midwood Ave.

Filed 2 7 1929 C. HARRISON Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 25, 1929, that I last saw him alive on Feb 25, 1929 and that death occurred, on the date stated above, at 12 N m.

The CAUSE OF DEATH* was as follows:

La Grippe, Acute Influenza Pulmonary, Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Bishop, M. D.

Feb 25, 1929 (Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	2/28 1929
20 UNDERTAKER	ADDRESS
E. C. Lemmon	50 E 22 St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43490

E 43490

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. 1721 W. Franklin St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jane Foreman

(a) RESIDENCE NO. 1721 W. Franklin St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Foreman

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 68.	See additional information		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accomac Co.
(State or country) Va.

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dont know

12 MAIDEN NAME OF MOTHER Mary Garrison

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dont know

14 Informant Arthur Foreman
(Address) 1721 W. Franklin St.

15 Filed 2 7 1929 C. Hammond Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1929, to Feb. 26, 1929, that I last saw h[illegible] alive on Feb. 26, 1929 and that death occurred, on the date stated above, at 11:10a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	2-27 1929
20 UNDERTAKER David Carton	ADDRESS Ba 916

Important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

Dr Link

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43491

CERTIFICATE OF DEATH

74-006

E 43491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1019 Madison ave St.) (1-24 Ward)

2-FULL NAME Annie Davis

(a) RESIDENCE NO. 1019 Madison ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Femal	Col.	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant James Davis
(Address) 1019 Madison ave

15 Filed 8 27 1929 C. HAMPSON JONES, M. D. Registrar
By Robt

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 25 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy) (duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Link M. D.

Feb 26 (Address) Coroners Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alton Va.	2-27 1929
20 UNDERTAKER	ADDRESS
Dent & Elson	916 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 43492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43492

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2217 Lake ave ST., (WARD) 9-45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Goeppner

(a) RESIDENCE NO. 2217 Lake ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie M Goeppner

6 DATE OF BIRTH (month, day, and year) Sept 12, 1877

7 AGE 51 Years 5 Months 12 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardware 245

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER August Goeppner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Goeppner (Address) 2217 Lake ave

15 Filed 2-27-1929 C. HAMPSON JONES, M. D. Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 28 to Feb 25, 29.

that I last saw her alive on Feb 25, 29

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Mitral R. Lesion

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? dont know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Kemp Insley, M. D.

27, 1929 (Address) 293 E. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 28 1929

20 UNDERTAKER John A. Inman

ADDRESS 3000 E. Baltimore

271929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 43493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Spillman

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Spillman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary E. Fiselon

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St

15 Filed 2 7 1929, 19 C. HAMPSON JONES, M. D.

Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27th 19 29

17

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw him alive on Feby 26 , 1929 ,

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Cyrosis pancreas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Albumen, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 28 1929

20 UNDERTAKER Rita Weedfeld — ADDRESS 1 Greenmount

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43494 ✓ E 43494

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. (or WARD) 96-63

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME (Mrs.) Barbara Foster

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 8 mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Foster

6 DATE OF BIRTH (month, day, and year): May 12. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Johnstown Pa

PARENTS

10 NAME OF FATHER: John Geis

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Bavaria

12 MAIDEN NAME OF MOTHER: Rose Steiz

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Bavaria

14 Informant: Mrs Hope Friends (Address) Mt Hope Retreat.

15 Filed 2 7 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Feb 27, 1929, that I last saw h[illegible] alive on Feb 27, 1929 and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Broncho-Pneumonia

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Geis, M. D.

19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown. Pa — DATE OF BURIAL: Feb 27 1929

20 UNDERTAKER: Wm J Tuckers Sons — ADDRESS: N. Y Pa

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43495

CERTIFICATE OF DEATH.

188-103

E 43495

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Hopkins Hoppital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Feldman

(a) RESIDENCE NO. 2507 E. Fairmount Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 8/1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Feldman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rugofsky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Mary Feldman

(Address) ~~2507 E. Fairmount Ave~~

15 Filed _____, 19___ Registrar

2 7 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis-Fracture of rt Tibia. Struck by automobile at Balto. & Montford Ave

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Autopsy at Hopkins)
(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Jos K Carr M. D.
(Coroner)

2/26/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetry Date of Burial 2/28 1929

20 UNDERTAKER A. J. Thomsen & Bro ADDRESS 1127 Balto St

Use blue or black ink only. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 43496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43496

CERTIFICATE OF DEATH.

REGISTERED NO. 13-50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Mondawmin ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Markel

(a) RESIDENCE NO. 2226 Mondawmin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ray

6 DATE OF BIRTH (month, day, and year) Feb 19 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Markel. [redacted]

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolf Markel

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Rosie Shorrasovitz

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Mrs. J. Neusbaum

(Address) Staunton Va.

15 [illegible] 27 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1929

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1928 to Feb 26 1929, that I last saw him alive on Feb 26 1929, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) Joseph J. Turkheim, M. D.

, 19 (Address) 2219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eutaw Southern Ave

DATE OF BURIAL 2/28 1929

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-081

E 43497

1—PLACE OF DEATH

REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 1224 W 36th St ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grover C. Kilbaugh

(a) RESIDENCE NO. 1224 W 36th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Kilbaugh

6 DATE OF BIRTH (month, day, and year) Aug 8, 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floor Layer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Emphriam Kilbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Pearl Kilbaugh

(Address) 1224 W 36th St

15 Filed 2 7 1929 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 26, 1929, that I last saw him alive on Feb 25, 1929, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum and Lungs

(Signed) C. Hampson Jones, M. D.

, 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hamden — DATE OF BURIAL Feb 28 1929

20 UNDERTAKER Edmund Kerr — ADDRESS 341 Hanover

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43498 60-001 E 43498

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. University Hosp ST. 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Arens.

(a) RESIDENCE NO. 853 W. 34th Hampden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6y yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Arens.

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Arens.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md. (State or country)

12 MAIDEN NAME OF MOTHER Augusta Shotts.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Clara Arens

(Address) 853 W 34th St

15 Filed FEB 27 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to Feb. 27, 1929, that I last saw h/ alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Right Lower Lobe.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Thyrotoxicosis.

(duration) 4-5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. F. Lenbach, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	March 2 19 29
UNDERTAKER Ehenwurth Son	ADDRESS 3617 Chestnut Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43499

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. 15-67

CITY OF BALTIMORE: (No. 3032 Walbrook ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mamie I. Tomlinson

(a) RESIDENCE NO. 3032 Walbrook ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 28-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER J. Wesley Tomlinson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane B. Owen

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mamie H. Swearer

(Address) 3032 Walbrook ave.

15 Filed FEB 27 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26-29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1928, to Feb. 26th, 1929, that I last saw h. alive on Feb. 26th, 1929 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis, Chronic Myocarditis and Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson, M. D.

Feb. 24 1929 (Address) 3053 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Feb. 28 1929
UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Broadway

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 43500

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 21-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva May Conley

(a) RESIDENCE NO. 854 Carroll St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 31, 1928

7 AGE — Years: — Months: 10 — Days: 27 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wesley Conley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co.

14 Informant: Mrs. Conley

(Address) 854 Carroll St.

15 [illegible]

FEB 28 1929

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 27, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to Feb. 27, 1929, that I last saw h[illegible] alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 12 4° a. m.

The CAUSE OF DEATH* was as follows:

Purulent Rhinitis

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia (duration) yrs. mos. 2 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

2/27, 1929 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel Cem. — DATE OF BURIAL: Mar. 1, 1929.

20 UNDERTAKER: John F. Cowan & Son. — ADDRESS: 701 Hollins St.

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

E 43501 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43501

101-981

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W Henrietta ST. 23-31 WARD)

2-FULL NAME Edward Stevenson

(a) RESIDENCE No. 123 W Henrietta ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Cd | 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stevenson.

6 DATE OF BIRTH (month, day, and year) ——— 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lodge Insulator Co Piedmont Co.

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER George Stevenson

11 BIRTHPLACE OF FATHER (city or town) Piedmont Co (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant Mary Stevenson
(Address) 123 W Henrietta

15 Filed FEB 28 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1929, to 2/25, 1929, that I last saw h[illegible] alive on 2/25 1929, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan'l Friedman, M. D.

2/26, 1929 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL 2-28 1929

20 UNDERTAKER John H. Toadvine | ADDRESS 1027 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43502

CERTIFICATE OF DEATH.

146 E 43502

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp (St.) (Ward) 42-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Holland

(a) RESIDENCE No. 639 Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colred	Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Edw Holland

6 DATE OF BIRTH (month, day, and year) Jan 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scranton, Pa.

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edw. Holland

(Address) 639 W. Barre St

15 Filed FEB 28 1929 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to Feb 27, 1929, that I last saw h[illegible] alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Uterine Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Arthur Rattenni, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3-1 1929

20 UNDERTAKER John H Frazier — ADDRESS 1027 Hanover

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43503

CERTIFICATE OF DEATH

E 43503

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 2408 Montebello Terrace St., 27-44 Ward

2-FULL NAME Nora Anderson

(a) RESIDENCE NO. 2408 Montebello Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Anderson

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Robert Proutt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Wm. Anderson
(Address) 2408 Montebello Ter.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation -Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Cowan, M. D.

2/28/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 3/1 19 29

20 UNDERTAKER Wm Lee Holland — ADDRESS 16 W Lanvale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 28 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Elmira J. Stewart

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 43504

CERTIFICATE OF DEATH

REGISTERED No. E 43504

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Hotel Emerson ST. 11 WARD 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Elmira Thompson Stewart

(a) RESIDENCE NO. Hotel Emerson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Robert J. Stewart

6 DATE OF BIRTH (month, day, and year) Feb 11, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	76		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas E. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elmira Gambrill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Elmira Ogilby

(Address) 3226 Eastern Ave

Filed FEB 28 1929 H. ADDISON JONES, M. D. Registrar

By R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1929

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to Feb 26, 1929,

that I last saw h alive on Feb 26, 1929

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Ruppert M. D.

Feb 28 1929 (Address) Westwood 2150

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Feb 28 1929
20 UNDERTAKER John O Mitchell Son	ADDRESS 1911 Eutaw Pla

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43505

CERTIFICATE OF DEATH

1 84

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George J. Bankert

(a) RESIDENCE NO. 240 E. Main St. ST., WARD
(Usual place of abode) Westminster, Md.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Geo. Bankert

6 DATE OF BIRTH (month, day, and year) Aug 10, 1878

7 AGE: Years 50 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Canning factory.

(c) Name of employer: B.F. Schmidt & Co

9 BIRTHPLACE (city or town) (State or country): Westminster, Md.

PARENTS

10 NAME OF FATHER: Joseph -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westminster Md.

14 Informant: Hospital Records.
(Address)

15 Filed ..... 19 ..... Registrar

FEB 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1929.

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929. to Feb 26, 1929.

that I last saw him alive on Feb 26 1929

and that death occurred, on the date stated above, at 7:00 A.m.

The CAUSE OF DEATH* was as follows:

Encephalitis haemorrhagica

(duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy 1 hour

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory tests.

2/28/29 (Signed) Thos. Carpenter M. D.

(Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster

DATE OF BURIAL: 3/3 1929

20 UNDERTAKER: J. H. Bankard & Son

ADDRESS: Westminster

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43506

CERTIFICATE OF DEATH.

128

E 43506

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 E. Churchill St. St. 22-33 Ward

2-FULL NAME Louis Barnes. (C)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 27 E. Churchill St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed or divorced HUSBAND of (or WIFE of) Bessie Barnes. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Bessie Barnes. (C) wife.

(Address) 27 E. Churchill St.

Filed FEB 28 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

Myocardiat Insufficiency.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) (Coroner) M. D.

2/27 1929 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 2/28/29 19

20 UNDERTAKER Samuel J. Newsted for Biddle ADDRESS 518

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43507

CERTIFICATE OF DEATH

31

E 43507

REGISTERED NO. 1628

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST., COUNTY OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harold Moore

(a) RESIDENCE NO. 1412 Harlem ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER Walter Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sophia Hudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Hospital Records

(Address)

15 Filed FEB 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to Feb. 25, 1929, that I last saw him alive on Feb. 25, 1929 and that death occurred, on the date stated above, at 6.55 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C Smith M. D.

2-26 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2/28/29

20 UNDERTAKER Samuel T Hemsley for Biddle

ADDRESS 528

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 43508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43508

CERTIFICATE OF DEATH.

118-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 Riverside Ave. ST. 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cordelia Jory

(a) RESIDENCE NO. 1005 Riverside Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Jory

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not-known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Joseph G. Jory

(Address) 3017 Royston Ave.

15 Filed FEB 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929 to Feb 27, 1929

that I last saw h alive on Feb 27, 1929

and that death occurred, on the date stated above, at 3.10 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Ventral Hernia)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) T. K. L. Campbell M. D.

Feb 28, 1929 (Address) 1444 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Mar 2 1929
20 UNDERTAKER John F. Denny	ADDRESS 715 Leigh

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Lelia Young

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43509

CERTIFICATE OF DEATH

90

E 43509

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1515 Lemon ST. 19-28 (WARD))

2—FULL NAME Lelia Young

(a) RESIDENCE NO. 1515 Lemon ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colore	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Young

6 DATE OF BIRTH (month, day, and year) Feb 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

11 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Catherine Dixon

(Address) 1515 Lemon

FEB 28 1928

Filed ..... Harry Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-29

17 I HEREBY CERTIFY, That I attended deceased from 1-3, 1929, to 2-27, 1929, that I last saw h[illegible] alive on 2-25, 1929 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs Symptoms

(Signed) John T. Carroll, M. D.

, 19 (Address) 724 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem

DATE OF BURIAL Mch. 2nd 1929

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43510

CERTIFICATE OF DEATH.

179 E 43510

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 9331

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta J. Cole.

(a) RESIDENCE NO. 11 W. Cross St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 19, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Cole.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Vincenzino Procato

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York.

14 Informant Vincenzino Cole. (mother)

(Address) 11 W. Cross St.

Filed FEB 23 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 26, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Burned about the body by hot grease while near a stove. Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner)

2/27 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 11 W. Cross St. Feb. 24, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial Mar 1 1929

20 UNDERTAKER John [illegible] ADDRESS 200 S. Alma

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43511 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

E 43511

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N Caste ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Riegler

(a) RESIDENCE NO. 205 N Caste ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 DATE OF BIRTH (month, day, and year) Jan 20-1929

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER George Riegler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Katherine Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George Riegler
(Address) 205 N Caste St

15 Filed FEB 28 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 19 29 to Feb 26 19 29

that I last saw h alive on Feb 26 19 29

and that death occurred, on the date stated above, at 6 45 P. M.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 600 N Dallas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feby 28 1929

20 UNDERTAKER John Ellis

ADDRESS 2008 Eden

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Judson H Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 43512

CERTIFICATE OF DEATH.

101-001

E 43512

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ST 11-14 WARD)

2-FULL NAME Judson H Smith

(a) RESIDENCE NO. Hampton Court Apts ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 ~~Single~~, Married, ~~Widowed or Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle L Smith

6 DATE OF BIRTH (month, day, and year) July 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work advertising

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Judson Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward L Smith

(Address) Hampton Court Apts

15 Filed FEB 28 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27th 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/26 1929 to 2/27 1929

that I last saw him alive on 2/27 1929

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. H. Silver, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 1st 1929

20 UNDERTAKER Leitham & Gore ADDRESS 1723 N Fulton Ave

IMPORTANT—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43513

CERTIFICATE OF DEATH.

E 43513
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 25-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura J Connor

(a) RESIDENCE NO. 220 Manset St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): Nov. 8 [illegible]

7 AGE — Years: 84 — Months: 3 — Days: 16 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: August Bowers

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Reed

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: C. H. Connor

(Address) 220 Manset St.

Filed [illegible] 1929 C. Hayward Jones, M. D. Registrar

B 23 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 24 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture, Humerus

(duration) 2 yrs. 2 mos. ds.

(Signed) James H Carlson M. D.

(Coroner)

2 26 1929 (Address) 1002 Chauncey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

220 Manset St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery Date of Burial Feb 28 1929

20 UNDERTAKER: H. W. Cook ADDRESS 1217 Fulton St

Filed in accordance with Ordinance of April 1, 1915.

Cor.—12-9-25—A Co.—200 Bks.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43514

E 43514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Lennox ST. 13-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juanita McCleary

(a) RESIDENCE NO. 101 Lennox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1928

7 AGE: Years | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.: 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Wm. D. McCleary

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Susie Wood

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Wm D McCleary

(Address) 101 Lennox St

15 Filed FEB 28 1929 Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 1929 to Feb 27 1929

that I last saw her alive on Feb. 26 1929

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos J A Stevens, M. D.

2/27/1929 (Address) 2878 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 19 29

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 2 E. Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43515

CERTIFICATE OF DEATH

90 E 43515

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 519 Eastern ave ST. 10-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carl Herrmanns

(a) RESIDENCE NO. 519 Eastern ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alezia Herrmanns

6 DATE OF BIRTH (month, day, and year) April 5-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Finisher

(b) General nature of Industry, business, or establishment in which employed (or employer) 010

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Alezia Herrmanns
(Address) 519 Eastern ave

15 Filed ..... 19..... [illegible] M. D.
Registrar

FEB 26 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 25, 1929, that I last saw h. in alive on Feb 25, 1929 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton, M. D.

2/26, 1929 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn cemetery — DATE OF BURIAL March 1 1929

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager st.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43516

CERTIFICATE OF DEATH

91-002

E 43516

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1726 E. Chase ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Brown

(a) RESIDENCE NO. 1726 E. Chase ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown

6 DATE OF BIRTH (month, day, and year) Dec. 14-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Wm. H. Brown

(Address) 1726 E. Chase St

15 Filed FEB 20 1929 JAMES H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27-1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 5th 19 29 to Feby 27th 19 29

that I last saw h alive on Feby 25th 19 29

and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. Stone M. D.

Feby 27 1929 (Address) 807 E. Cay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 1 1929
20 UNDERTAKER George W. Zirkler	ADDRESS 1737 E. Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43517

CERTIFICATE OF DEATH

X 18-002

E 43517

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Union Memorial Hosp (ST.) 12-49 (WARD)

2—FULL NAME Mrs John Y Boyd

(a) RESIDENCE NO. Harrisburg Pa ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced [illegible] of [illegible] WIFE of Mr John W Boyd

6 DATE OF BIRTH (month, day, and year) 2/13/1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	0	10	

8 OCCUPATION OF DECEASED Housewife

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER A. J. Herr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Nancy Gilmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Hospital Records

(Address)

15 Filed [illegible] 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/29

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1929, to 2/28, 1929.

that I last saw h[illegible] alive on 2/24, 1929

and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:

Diverticulosis, lower bowel c partial intestinal obstruction

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 2/27/29

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm N McFaul Jr, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg, Penna — DATE OF BURIAL Feb. 28, 1929

20 UNDERTAKER John C. Mitchell & Sons ADDRESS 1900 Eutaw St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

FEB 28 1929

FEB 28 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43518

CERTIFICATE OF DEATH.

90

E 43518

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3608 Dunwall Ave. 5-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Beach Sr.

(a) RESIDENCE NO. 3608 Dunwall Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda D. Beach

6 DATE OF BIRTH (month, day, and year) Apr 13-1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	62	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Wm. A. Beach

11 BIRTHPLACE OF FATHER (city or town) Europe

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Simms

13 BIRTHPLACE OF MOTHER (city or town) Europe

(State or country)

14 Informant Amanda D. Beach

(Address) 3608 Dunwall Ave.

15 Filed FEB 28 1929 19

C. HAMPSON JONES, M. D.

Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 26th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Feb 27th 1929 (Address) H. Leslie Coroner M. D. Coroner's W. Dist

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Mar 1 1929

UNDERTAKER Wm J Tickner Sons ADDRESS N. & Pa

If the information is not complete, please fill in as much as possible. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43519

CERTIFICATE OF DEATH

101-001

E 43519

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2102 W. Saratoga ST. (WARD) W-6-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles M. Raymo

(a) RESIDENCE NO. 2102 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of L. Mary Raymo.

6 DATE OF BIRTH (month, day, and year) June 24 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mutual Life of Balto. Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles M. Raymo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Amelia Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. L. Mary Raymo

(Address) 2102 W. Saratoga St.

15 FEB 28 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1929, to Feb. 28, 1929, that I last saw h. alive on Feb. 28, 1929 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Abscess

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Sx

(Signed) J. M. Lamplugh, M. D.

, 19 (Address) 3409 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery DATE OF BURIAL Mar. 2 1929

20 UNDERTAKER Wm. Hickner & Sons ADDRESS North & Pa

IMPORTANT—Fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 43520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43520

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1425 N. Vincent St. Ward) 15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gene Brown Connail

(a) RESIDENCE NO. 1425 N. Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 6th 1929

7 AGE: Years — Months: one — Days: 20 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: John Garrison

11 BIRTHPLACE OF FATHER (city or town): Md. (State or country)

12 MAIDEN NAME OF MOTHER: Magie Connail

13 BIRTHPLACE OF MOTHER (city or town): Balto (State or country) Md

14 Informant: Magie Connail (Address) 1425 N. Vincent

Filed ..... 19 ..... Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Coroner, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Finch M. D. (Coroner)

(Address) Corona Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Feb 28 1929

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1300 Preston St

FEB 28 1929

Reg. No. 1944

If the information is not complete, it will be returned for correction. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43521

CERTIFICATE OF DEATH

161-001

E 43521

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1409 Dooher St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Woodson

(a) RESIDENCE NO. 1409 Dooher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 2/25/29

7 AGE Years Months Days IF LESS than 1 day 2 hrs. or 2 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Simeon Woodson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Annie Fauntleroy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant (Address) Simeon Woodson 1409 Dooher St.

15 Filed C. HAMPSON JONES, M. D. Registrar

B 28 1929

3311

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 2/26/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/25 19 29 to 2/26 19 29.

that I last saw her alive on 2/25 19 29.

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity (Miscarriage)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Bell M. D.

, 19 (Address) 720 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health

FEB 28 19

UNIVERSITY OF MARYLAND.

IMPORTANT, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43522

CERTIFICATE OF DEATH

31 E 43522

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (E. B. WARD) 3-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Smith

(a) RESIDENCE NO. 19 S. Bond st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race hand

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Isaac Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Dora Gibbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records

(Address) C. HAMPSON JONES, M.D.

Filed FEB 28 1929 By Registrar

THE MORGUE. 3512

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13, (29) 19-

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 19 29, to Feb. 13, 19 29,

that I last saw him alive on Feb. 13, 19 29

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry Smith, M. D.

2-13-1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner

ADDRESS FEB 28 1929

Per Asst. Registrar

Be sure that death is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43523

CERTIFICATE OF DEATH

31 E 43523

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (or) WARD) 3-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Hardy

(a) RESIDENCE NO. 433 S. Bond st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1879

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Thomas Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sally Colburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records

(Address) UNIV

Filed FEB 28 1929, 19

C. HARRISON JONES, M. D.

Registrar

MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1929, to Feb. 19, 1929

that I last saw h im alive on Feb. 19, 1929

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

2-19, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL

20 UNDERTAKER Commissioner Health.

ADDRESS FEB 28 1929

FEB 28 1929

Please write very plainly. Exact statement of OCCUPATION very important. See instructions on back of certificates. Cause of DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43524

CERTIFICATE OF DEATH

31

E 43524

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 5-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethel Williams

(a) RESIDENCE NO. 1428 E. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Wooden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed FEB 28 1929, 19 C. HARRISON JONES, M.D. Registrar

3514

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928, to Feb. 16, 1929, that I last saw her alive on Feb. 16, 1929 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and laboratory

(Signed) Henri Smith, M. D.

2-18-29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19
20 UNDERTAKER Commissioner Health	ADDRESS

FEB 28 1929

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43525

CERTIFICATE OF DEATH

90 E 43525

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City H'd ST. 23rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Gallagher

(a) RESIDENCE NO. 1573 Bank St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jos. P. Gallagher

(Address) City

15 Filed , 19 Registrar

B 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/29

17

I HEREBY CERTIFY, That I attended deceased from 2/20, 19 29, to 2/27, 19 29, that I last saw h[illegible] alive on 2/27, 19 29, and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Find

(Signed) H. J. Hoch, M. D.

, 19 (Address) Balto City

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	3/1 1929
20 UNDERTAKER	ADDRESS
J. F. Fahey & Son	818 Lig[illegible] Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43526

CERTIFICATE OF DEATH

100-001

E 43526

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 4 WARD)

REGISTERED NO. 44-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Calleghan (CALLEGHAN)

(a) RESIDENCE NO. St Vincents Infant Asylum WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Duncan

(Address) St Vincents Infant asylum

15 Filed ..., 19... Registrar

2 28 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 26, 1929, that I last saw h[illegible] alive on Feb. 26, 1929 and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - Terminal.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Secondary anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Vincents Infant Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W R Swarbrick M. D.

2/26, 1929 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hart

DATE OF BURIAL 2/28 19 29

20 UNDERTAKER J. F. Shaughnessy

ADDRESS 311 Eighty

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

22 E 863 43527

HEALTH DEPARTMENT—CITY OF BALTIMORE E 43527

CERTIFICATE OF DEATH.

X 11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine O'Clunkett

(a) RESIDENCE No. Ellicott City - Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write ~~the~~ word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct - 1928

7 AGE: Years 4 1/2 Mos Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none!

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: James Clunkett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Bertha Eyers -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 28 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26 1929

17

I HEREBY CERTIFY, That I attended deceased from February 26. 1929. to February 26. 1929.

that I last saw her alive on February 26. 1929.

and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Influenza Meningitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) James A Miller M. D.

2/28 1929 (Address) Samuel Jay Home Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: March 1929

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Matron should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 28 1929

Cor.—1-12-23—M&T—100 Bks.

E 43528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43528

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

REGISTERED NO. 15-22

CITY OF BALTIMORE: (No. 1327 Whitlock St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Lee

(a) RESIDENCE No 1327 Whitlock St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1929

7 AGE: Years — Months 1 0 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City —

PARENTS

10 NAME OF FATHER: Richard Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lena Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Lena Lee
(Address) 1327 Whitlock St.

15 Filed ... 192 ... Registrar

C. FRANK STEIN, M.D.

FEB 28 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Stein, M. D.

Feb 28, 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: March 2nd 1929

UNDERTAKER: Harris Bulwinkle

ADDRESS: 364 Mary

...ATION is very important. See instructions on back of certificate. ...ASES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA...

Spec.—2-29-28—L. F. S.—500 Bks.

E 43529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 E 43529

1—PLACE OF DEATH Edgewood Sanitarium

REGISTERED NO.

CITY OF BALTIMORE: (No. Bellona Ave. Govans, ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sally White Carter

(a) RESIDENCE NO. 1502 Malster St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Dr. William Carter

6 DATE OF BIRTH (month, day, and year) Jan. 1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Alward White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marian C. Goldsborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. S. L. Chamberlaine

(Address) 1611 Bolton St.

B 2 8 1929 C[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 , 1929 , to Feb. 26 , 1929 , that I last saw h[illegible] alive on Feb. 26 , 1929 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

From history many years

(duration) yrs. 6 mns. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haess , M. D.

2-27 , 1929 (Address) 5200 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Michaels Md.	3/1/29 19
20 UNDERTAKER Harry T. Witzke	ADDRESS 5317 Harford

important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43530 E 43530

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2819 Indiana Ave. Ward 25-32

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary S. Pickton

(a) Residence No. 2819 Indiana Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 4/10/78

7-AGE, ...yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Barton Pickton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Ada DeFalco

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

11- (Informant) Mrs. S. Pickton

(Address) 2819 Indiana Ave

15- Filed 2-28 1929 C. Hamden Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 28 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1929 to Feb 28 1929

that I last saw her alive on Feb 28 1929

and that death occurred, on the date stated above, at 5 35 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. I. Seabury, M. D.

2/28 1929 (Address) 626 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn — DATE OF BURIAL, 3/1 1929

20-UNDERTAKER, J. H. Taney & Sons — ADDRESS, 13 Bright St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Madelene Linck

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43531

CERTIFICATE OF DEATH

E 43531

1—PLACE OF DEATH Union Memorial Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd + Calvert ST., S ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Madelene Linck

(a) RESIDENCE NO. 1814 Register ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 10 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Arthur Linck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mother (Address) 1814 Register

15 Filed MAR 1 - 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Feb. 28, 1929, that I last saw h[illegible] alive on Feb. 28, 1929 and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Orbital abscess (Left)

(duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Brain abscess (Left temporal lobe)

(duration) ... yrs. ? mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 27 1928 Nov 18 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Wallace R. Swan M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL 3/4 19 29

20 UNDERTAKER W. M. Cook ADDRESS 2175 Eutaw

important. See instructions on back of certificates.

E 43532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43532

CERTIFICATE OF DEATH

74-001

1—PLACE OF DEATH

REGISTERED NO. 27-446

CITY OF BALTIMORE: (No.) 4520 Weitzel Ave ST.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Rupnacht

(a) RESIDENCE NO. 4520 Weitzel Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11, 1836

7 AGE: Years 92 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER David Rupnacht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Wahnmoore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant James Rupnacht

(Address) 4520 Weitzel Ave

15 Filed MAR 1 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 19 29, to Feb 26, 19 29, that I last saw h[illegible] alive on Feb 21, 19 29, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

2-27, 19 29 (Address) 421 Gorsuch Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Christian Church

DATE OF BURIAL: 3/1 19 29

20 UNDERTAKER: J. M. Cook

ADDRESS 1217 St Paul St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—800 Blks.

E 43533 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-801 E 43533

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2240 Essex ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gusti C Wesoleck

(a) RESIDENCE NO. 2240 Essex ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wesoleck

6 DATE OF BIRTH (month, day, and year) April 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Theodore Szymanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Elizabeth Brunski

(Address) 924 S Luzerne

15 Filed Feb 28 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH Feb 27 1929

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25. 1929, to Feb 27, 1929

that I last saw h alive on Feb 27, 1929

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
due to Strangulated Hernia

(duration) yrs. 2 mos. 3 da.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kopacek M. D.

Feb 28 1929 (Address) 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem — DATE OF BURIAL Mar 2 1929

20 UNDERTAKER Martin H. E. Difebo Inc — ADDRESS 312 S Conkl

important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 43534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 113 E 43534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 6-10 Ward)

2-FULL NAME Martha Mizell

(a) RESIDENCE NO. 221 N. Lakewood Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13/28

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) N.C.

PARENTS

10 NAME OF FATHER Clarence Mizell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Dora Styron

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant Mother
(Address) 221 N. Lakewood Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Diphtheritic Colitis-Emaciation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Yes at Hopkins
What test confirmed diagnosis?
(Signed) J. McCaen, M. D.
2/28/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL March 1 19 29

20 UNDERTAKER R. Sander Sons ADDRESS 1701 Eutaw

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43535 — CERTIFICATE OF DEATH — 11-001 E 43535

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 156 N. Kenwood ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph A. Stamm

(a) RESIDENCE NO. 156 N. Kenwood ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stamm

6 DATE OF BIRTH (month, day, and year) April 25/1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Stamm

11 BIRTHPLACE OF FATHER (city or town) Ger. (State or country)

12 MAIDEN NAME OF MOTHER Anna Oelding

13 BIRTHPLACE OF MOTHER (city or town) Ger. (State or country)

14 Informant Mrs. Mary E. Stamm
(Address) 156 N. Kenwood

15 Filed Mar 1 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27/29.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1929, to Feb. 27 1929, that I last saw h. alive on Feb. 27 1929 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Influenza
Bronchitis
(duration) yrs 1 mos 25 ds.

CONTRIBUTORY (Secondary) Acute Dil. Heart.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav C. Thieme, M. D.

19 (Address) 162 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 4 1929

20 UNDERTAKER Jos. J. Kerr — ADDRESS 156 N. Eutaw

important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Moses Douglass

E 43536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43536

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1506 Presbury ST. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Douglass

(a) RESIDENCE. No. 1506 Presbury ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marston N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary Bailey

(Address) 1506 Presbury St.

15 Filed MAR 1 - 1929 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 20 1929, to Feb 27 1929,

that I last saw h alive on Feb 27 1929,

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO (Date of

Was there an autopsy? NO

What test confirmed diagnosis? Abundant Lobar Pneumococcus

(Signed) C. T. Hoskins M. D.

(Address) 712 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marston N. C.	3-1 1929
20 UNDERTAKER George T. A. Gibson	ADDRESS 1225 Union Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43537

CERTIFICATE OF DEATH

40 E 43537

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. ..... WARD)

2—FULL NAME Burt Taylor

(a) RESIDENCE NO. 617 Bank ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alice Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Alice Taylor

(Address) 406 E 24th St

15 Filed APR 1 - 1929 ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/26/29

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 19 29, to 3/26, 19 29, that I last saw him alive on 3/26, 19 29 and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Edematous

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 2/14/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Stock, M. D.

, 19 (Address) Bal City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/1 19 29

20 UNDERTAKER: Samuel D Saunders

ADDRESS 578 N Bradford

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43538

CERTIFICATE OF DEATH.

E 43538

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ... ST. 3-st WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Rose

(a) RESIDENCE NO. 21 South Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Rose

6 DATE OF BIRTH (month, day, and year) Dec 12 - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Transfer 086

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Frank Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Celia Rose
(Address) 21 S. Bond St

15 Filed MAR 1 1929 H. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Mar. 1, 1929.

that I last saw him alive on Mar 1, 1929

and that death occurred, on the date stated above, at 5 35 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix & peritonitis, which was followed by pulmonary TB.

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 29, 1929

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Milton Sherry, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 3/1 1929

20 UNDERTAKER Jack Lewis 1439 E Baltimore St

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43539

CERTIFICATE OF DEATH. 11-80

1-PLACE OF DEATH St Agnes Hospital REGISTERED NO. 38-64

CITY OF BALTIMORE: (No.) ..... ST. ..... WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Regina Schenderlein

(a) RESIDENCE NO. 4500 Oakland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of Elmer Schenderlein

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Abram Sprecbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Lantry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Va

14 Informant Elmer Schenderlein

(Address) 4500 Oakland Ave

15 Filed MAR 1 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-29

17

I HEREBY CERTIFY, That I attended deceased from 2-25, 1929, to 2-26, 1929.

that I last saw h~~e~~r alive on 2-26, 1929,

and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Influenza (2 weeks ago)
Encephalitis (Acute Non-Suppurative

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema Duo known.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) R. W. Erickson, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 3-2-29

20 UNDERTAKER Martin Fahey & Sons. — ADDRESS 1001 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43540

E 43540

CERTIFICATE OF DEATH

REGISTERED NO. 1947

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3618 Old Frederick Rd (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie Norris Merryman McCormick

(a) RESIDENCE NO. 3618 Old Frederick Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E McCormick

6 DATE OF BIRTH (month, day, and year) Nov 16 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wesley Merryman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Sides

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John E McCormick

(Address) 3618 Old Frederick Rd

15 Filed MAR 1 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb - 4 - 1929 to Feb - 27 - 1929, that I last saw her alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Metastases of Liver

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Short, M. D.

Feb 27, 1929 (Address) 506 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mar 1 1929

20 UNDERTAKER John O Mitchell and Sons. ADDRESS 1916 Eutaw Place

Important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 43541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43541

CERTIFICATE OF DEATH

144

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N Fulton Ave St., 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Florence Palmer.

(a) RESIDENCE NO. Home for the Aged of the M. E. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of: Wm C. Palmer.

6 DATE OF BIRTH (month, day, and year): June 20 1860

7 AGE: Years 69 Months 8 Days 8 IF LESS than 1 day hrs. or min.. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore County Md.

PARENTS

10 NAME OF FATHER: Robert Wilson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore County Md.

12 MAIDEN NAME OF MOTHER: Alice Royston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co. Md.

14 Informant: Etta Cuddy (Address) 400 N Fulton Ave

15 Filed MAR 1 1929 C. HAMPSON JONES M.D. Registrar Per EHS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Febry 28 1929

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1929, to Febry 28, 1929, that I last saw h— alive on Febry 27, 1929, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Anaemia and Asthenia

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon, M. D.

3/1, 1929 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Mar 2 1929

UNDERTAKER: George J. Smith

ADDRESS 1532 Hollins

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43542

CERTIFICATE OF DEATH.

90 E 43542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 401 Bretton Place St. 12-44 Ward)

2-FULL NAME Charles W. Heinsler

(a) RESIDENCE NO. 401 Bretton Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia B. Heinsler

6 DATE OF BIRTH (month, day, and year): January 11 — 1853

7 AGE: Years 76 | Months 1 | Days 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Judge

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Supreme Bench

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph S. Heinsler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER: Catherine McCann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant: Julia B. Heinsler

(Address) 401 Bretton Place

15 Filed MAR 1 - 1929 19 C. HARRY [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 28th 19 29

17 I HEREBY CERTIFY, That I attended deceased from Feby 21st 1929, to Feby 28th, 1929, that I last saw him alive on Feby 27th, 1929, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis (with angina)

(duration) 1 yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Chr. Senile myocarditis

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3-1, 1929 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial March 4 1929

20 UNDERTAKER: Geo. P. Manuelon — ADDRESS 118 W. Mt. Royal Ave

THE MEDICAL ATTENDANT is required to fill out and sign this certificate immediately after death. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43543

CERTIFICATE OF DEATH.

X 188-R3 E 43543

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Balto City Hospital St. No 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Babcock

(a) RESIDENCE NO. Riverside Ave Essex St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 hr. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill worker

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer B Rolling Mill

9 BIRTHPLACE (city or town)

(State or country) Vermont

PARENTS

10 NAME OF FATHER Chas Babcock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Vt

12 MAIDEN NAME OF MOTHER Elizabeth Coleman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Frank Babcock

(Address) Riverside Ave

15 Filed C. HARRIS JONES, M. D. Registrar

1-1929 By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture base of skull Automobile accident

(duration) yrs. mos. 2 dys. (own)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dys.

(Signed) James M Burton M. D.

(Coroner)

2 28 1929 (Address) 704 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 2 dys. In the city yrs. mos. dys.

Where was disease contracted, if not at place of death? Riverside Balto

Former or usual residence Balto Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Trinity Cemetery	3/2 1929
20 UNDERTAKER Edw G. Connelly	ADDRESS Essex

DO NOT WRITE IN THIS SPACE. Information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

(Mary A. Coffey)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43544

CERTIFICATE OF DEATH

16-23

90 E 43544

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1100 E. Lanvale St St, 16 Ward)

2-FULL NAME Mary A. Coffey

(a) RESIDENCE NO. 1100 E. Lanvale St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Coffey

6 DATE OF BIRTH (month, day, and year) Feb 17/1863

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	01	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michael A. Tierney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Dougherty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant John F. Coffey
(Address) 1100 E. Lanvale St

15 Filed ..., 19... C. HAMPSON JONES, M.D. Registrar

FEE Paid

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inspection

(Signed) J. [illegible] M. D.

3/1/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemtery.	March 2 1929
20 UNDERTAKER	ADDRESS
Young & Rutledge	1735 Harford Av

Blank should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43545 — CERTIFICATE OF DEATH — 46 E 43545

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST., (If not in hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

2—FULL NAME Emily Adams

(a) RESIDENCE NO. 1526 Sheldb ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Al

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE — Years: 64 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Thursby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Emma Bisco

(Address) 331 W. Lanvale St

15 Filed: 1-1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/27/29

17 I HEREBY CERTIFY, That I attended deceased from 1/18/29, 19, to 2/27, 19 29

that I last saw h alive on 2/27, 19 29

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Wyeth, M. D.

19 (Address) Balt City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: March 4 1929

20 UNDERTAKER: George F. Pruetz — ADDRESS: 1735 Harford Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

BOTZFORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43546

E 43546

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. [redacted] ST., 18 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles T. Botsford

(a) RESIDENCE NO. 409 No Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. 8 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] Registrar

1-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 28 29

17 I HEREBY CERTIFY, That I attended deceased from 5-14, 1908, to 2 28 29, that I last saw h[redacted] alive on 2 28 29, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical Examination

(Signed) H. Spoerl, M. D.

BALTIMORE CITY HOSPITALS, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore — DATE OF BURIAL 2 19

20 UNDERTAKER Geo W Little — ADDRESS

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43547

CERTIFICATE OF DEATH

131 E 43547

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE (No. [redacted] ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Poole

(a) RESIDENCE NO. 1310 No Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Marion R. Poole

6 DATE OF BIRTH (month, day, and year) June 13 1891

7 AGE: 36 Years | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Baker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: James Poole

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Bertha Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Relatives

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] C. Harrison Jones, M.D. Registrar

1-1929 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-29

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 1929, to 2-28, 1929, that I last saw him alive on 2-28, 1929, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Polycystic Kidneys

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Wiley, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park DATE OF BURIAL 19

20 UNDERTAKER Geo W Little ADDRESS

Important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43548

CERTIFICATE OF DEATH.

47 E 43548

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1925 Longwood ST. (WARD) 15-67

2-FULL NAME Mrs. Zillah P. Bartlett

(a) RESIDENCE No. 1925 Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H Bartlett,

6 DATE OF BIRTH (month, day, and year) February 9.1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	--	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Cyrus Purington,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Mary Moulton,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Mrs Zillah P. Gummer,

(Address) 1925 Longwood St.

15 Filed 1929 C. HAMPSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from several months 1929

that I last saw her alive on Feby. 27th 1929.

and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of right breast and old age. (Note 73 yrs. 7 19 days)

(duration) 4 yrs. + mos + ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Brunswick, Maine.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O. W. Hoffmann M. D.

2-28, 1929 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Woodlawn — DATE OF BURIAL 19

20 UNDERTAKER Geo W Little — ADDRESS

Per

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43549

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43549

CERTIFICATE OF DEATH

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

REGISTERED NO. 1639

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Hall

(a) RESIDENCE NO. none ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Jun Hall

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Nellie

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records of UNIVERSITY OF MARYLAND (Address)

15 Filed MAR 1 1929 3320 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29

17 I HEREBY CERTIFY, That I attended deceased from 2-6, 19 29, to 2-25, 19 29, that I last saw him alive on 2-25, 19 29, and that death occurred, on the date stated above, at 6 00 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Laboratory

(Signed) H. M. Nick, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER Commissioner Health

DATE OF BURIAL 19

ADDRESS MAR 1 - 1929

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 43550

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 64 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lawrence Toney

(a) RESIDENCE NO. 8 no Dallas ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) D40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Emanuel

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Alva Jackson

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant Records Office (Address)

Filed 1-1929, 19

For C. HARRISON GRIFFIN, Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-29

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1929, to 2-22, 1929, that I last saw h[e] alive on 2-22, 1929, and that death occurred, on the date stated above, at 11:00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) myocarditis, acute

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & X Ray

(Signed) H. W. Hitch, M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL MAR 1 - 1929, 19

20 UNDERTAKER Commissioner Health

ADDRESS

Important. See instructions on back of certificate.

For W. E. WOODAL

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43551

CERTIFICATE OF DEATH

38 E 43551

1—PLACE OF DEATH Provident Hospital REGISTERED NO. 16-20

CITY OF BALTIMORE: (No. 15 14 Division ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Taylor

(a) RESIDENCE NO. 1525 Manchester St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed C. Hamson Jones Registrar

1-1929-317

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 25, 1929, that I last saw him alive on Feb 25, 1929 and that death occurred, on the date stated above, at 6:50 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

CONTRIBUTORY (Secondary) Edema (duration) yrs. ? mos.

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. L. Jackson, M. D.

Feb 28, 1929 (Address) 600 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL, 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43552

CERTIFICATE OF DEATH.

E 43552

1-PLACE OF DEATH Found floating in the water at

City of BALTIMORE: (No. Pier 10 Light St. St. 22-30 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown. (O)

(a) RESIDENCE NO. Do not know. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	------	----;	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ... 19... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found floating February 14, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ....

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) ....M. D.
(Coroner)

2/27, 1929 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial 19

20 UNDERTAKER Commissioner Health. ADDRESS

MAR 1 192

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1-1929

The Morgue

Cor.—10-10-29—A Co.—100 Bks.

E 43553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/091

E 43553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore; (No.) 2205 Ething St. 14 Ward) 59 161

2-FULL NAME Jerdine Rice

(a) RESIDENCE NO. 2205 Ething St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6 DATE OF BIRTH (month, day, and year): Feb 14 1928

7 AGE: Years | Months | Days 15 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Edw Rice

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Spencer

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant: Elizabeth Rice
(Address) 2205 Ething

15 Filed ..... 19.. Registrar

R 1 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 1st 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hom

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Mar 1 1929 [illegible] M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn March — DATE OF BURIAL: 2, 1929

20 UNDERTAKER: Joseph Adcock — ADDRESS: 4098 Mount St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43554 E 43554

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 16-22 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Wilson

(a) RESIDENCE NO. 1726 Mosher ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of John

6 DATE OF BIRTH (month, day, and year) Sept 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Charlie ? Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie ? Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed 1-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-29

17 I HEREBY CERTIFY, That I attended deceased from 2-25, 19 29, to 2-25, 19 29, that I last saw h[illegible] alive on 2-25, 19 29, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, (interstitial)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	March 2 1929

20 UNDERTAKER Joseph A Lively ADDRESS 409 W Mulberry St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Margaret A. Hayes ✓

E 43555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43555

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 311 N. Monroe St. ST. N. 27 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret A. Hayes

(a) RESIDENCE NO. 311 N. Monroe St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Catherine Hayes

(Address) 311 N. Monroe St.

15 Filed 1-1929, 19 C. HARRISON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th. 29, 19 to Feb. 27th. 29, 19

that I last saw her alive on Feb. 27th. 29, 19

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cavalaire M. D.

3/2, 19 29 (Address) 824 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery.	March 2, 19 29
20 UNDERTAKER	ADDRESS
F. A. Kraus & Son	703 Hanover

Important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 43556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 Dolphin (St.) (Ward) 17-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W. Weikert

(a) RESIDENCE. No. 702 Dolphin St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? 65 yrs. 6 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie E. Weikert

6 DATE OF BIRTH (month, day, and year) Aug-3-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Drug Business

(c) Name of employer: Gilpin Leydon Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Martin Weikert

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Germany

12 MAIDEN NAME OF MOTHER: Annie S. Bolzgordt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bavaria

14 Informant (Address): Mrs. Annie E. Weikert (wife) 702 Dolphin St.

15 Filed 1-1929 By H. Pearson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1928 to Feb. 27 1929 that I last saw him alive on Feb. 27, 1929 and that death occurred, on the date stated above, at 11:57 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physicians-Clinical.

(Signed) Carlos I. Baggott M. D.

19 (Address) 1015 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 1929

20 UNDERTAKER: Stewart & Monroe — ADDRESS: Balto

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

22B 43557

HEALTH DEPARTMENT—CITY OF BALTIMORE E 43557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond W. Kirkbride

(a) RESIDENCE NO. New Wilmington Pa ST. & Delaware WARD New Wilmington - Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 3/1/[illegible]

7 AGE — Years: 36 — Months: 11 — Days: 19 — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulat kind of work: Educator 68

(b) General nature of industry, business, or establishment in which employed (or employer): Prof. in U. of Del.

(c) Name of employer: U. of D.

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Dr S. A. Kirkbride

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Clara Daniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 28, 1929,

that I last saw h[illegible] alive on Feb 28, 1929,

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Seminoma Testis c metastases. (malignant Tumor).

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of June 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Sections

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopk. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Wilmington Penna

DATE OF BURIAL: May 1 19 29.

20 UNDERTAKER: Stewart Monroe & Ballo

ADDRESS

1 - 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43558

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2912 Keswick Road ST., 13 WARD)

2—FULL NAME Thomas L. Atkinson

(a) RESIDENCE NO. 2912 Keswick Road ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 8 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Edith Atkinson

6 DATE OF BIRTH (month, day, and year): Jan. 19-1890

7 AGE — Years: 39 | Months: 1 | Days: 8 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Pa. R.R. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas M. Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Kennetta E. Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Mary Edith Atkinson

(Address) 2912 Keswick Road

15 Filed 1-1929 C. H. Hamman James M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 27-1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 27, 1929, that I last saw h~~im~~ alive on Feb 27, 1929 and that death occurred, on the date stated above, at 10 35 P. m.

The CAUSE OF DEATH* was as follows:

Intertinal Nephritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. H. Dames, M. D.

2-28-1929 (Address) 806 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: March 2. 1929.

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3121 Hells Road

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43559

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 1-2 WARD)

2-FULL NAME Henrietta Austin Dall

(a) RESIDENCE NO. 1221 Bolton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred allcliff yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single, Married, Widowed, or Divorced (write the word)~~: single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. Do (Over)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph E. Dall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Julia Cooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md.

14 Informant Miss Georgiana W. Hodges

(Address) 1415 Linden Ave

Filed 1929 . 19 C. HAMPSON JONES, M. D. Registrar

Per AKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-28 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec-3- 1928 to Feb-28 1929,

that I last saw h[illegible] alive on Feb-28 1929,

and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Burn secondarily infected (Over)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Burned at 1221 Bolton St

Did an operation precede death? yes Date of Feb-21-29

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carl P. Clemson, M. D.

2/28 1929 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old St Paul Cem. Mt Tremont Redwood

UNDERTAKER Henry W. Jenkins' Sons Co.

DATE OF BURIAL 3-2- 1929

ADDRESS Orchard Mc Culloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43560 E 43560

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hosp. REGISTERED NO. 123

CITY OF BALTIMORE: (No. 11-24 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary B. Davis

(a) RESIDENCE NO. 112 Madison Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 13 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Luther B Davis

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) New York State

12 MAIDEN NAME OF MOTHER Sophie Proal

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) New York State

14 Informant Hosp. Record
(Address)

15 Filed 1929, 19 C. HAMPSON JONES, M. D. Registrar

Paid ACR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to Feb 28, 1929, that I last saw her alive on Feb 28, 1929, and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

Stone in common bile duct with jaundice.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 112 Madison Ave

Did an operation precede death? Yes Date of Feb 28/29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Robert A McElroy, M. D.

2/28, 1929 (Address) Woman's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace Church Cem Elkridge Md | DATE OF BURIAL May 2 1929

20 UNDERTAKER Henry H. Kuhns Bros | ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 43561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Joel Gutman & Co. (Dept. Store)

City of BALTIMORE: (No. Eutaw St. near Fayette St., 13-59 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bass

(a) RESIDENCE NO. 2301 Callow Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Abraham Bass

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Gump

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. W. Samuel

(Address) 2301 Callow Ave.

15 Filed 1929 C. Harrison Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 1, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D. (Coroner)

3/1, 1929 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cem. Date of Burial: 3/3/ 1929

20 UNDERTAKER: Baird Sondheim ADDRESS: 118-20 W. Mt. Royal Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43562

CERTIFICATE OF DEATH

31 E 43562

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2202 Mc Culloh St. Ward 13-59)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion O Glascoe

(a) RESIDENCE NO. 2202 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): yg married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 27 Years 11 Months Days — IF LESS than 1 day hrs. or min.: 28 yr Oct 1901

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Thos Conway

11 BIRTHPLACE OF FATHER (City or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Rosa Thompson

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Richard Glascoe

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES ..... Registrar

Per .....

R 1 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1929

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929 to Feb 26, 1929

that I last saw h[illegible] alive on 2-25-29, 19[illegible]

and that death occurred, on the date stated above, at [illegible] A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Tuber. Diathesis)

(duration) yrs. 20 min mos. ds.

CONTRIBUTORY (Secondary) Chron Bronchitis

(duration) few yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Balto Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. F. Taylor, M. D.

, 19 (Address) 1618 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: March 2, 1929

20 UNDERTAKER: Thomas E. Kelrone — ADDRESS: 1313 Pleasant St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. See Letter on file from Harry Goldsmith MD dated 3-1-1929

E 43563

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 43563

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto City Hospt

CITY OF BALTIMORE: (No. Balto Md. ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Owen Ross

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 45 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0 40

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospt (Address) Balto Md

15 Filed 1-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-29

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1929, to 2-28, 1929 that I last saw h[illegible] alive on 2-27, 1929 and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Myocardial & Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Cardio Renal Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldsmith M. D.

2/28/1929 (Address) Mtburn City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonaw Riverton Md.

DATE OF BURIAL 3/3/1929

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Druidman St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 43564

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City/93-30 ST., (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lampson Samuel Early

(a) RESIDENCE NO. 611 Sumner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Basil Early

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Edmund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Roosevelt Horsley.

(Address) 620 Baker St.

15 Filed 1-1929 C. Hampson Jones Registrar

PAT Boyle

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/29

17 I HEREBY CERTIFY, That I attended deceased from 3/27 , 19 29, to 3/28 , 19 29.

that I last saw h alive on 3/28 , 19 29

and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Hitch M. D.

, 19 (Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson Ave Cemetery

20 UNDERTAKER Thomas E. Kelson.

DATE OF BURIAL 3/4 — 1929

ADDRESS 1303 Presstman St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43565

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3621 Tork St. ST. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth C. Forlifer

(a) RESIDENCE NO. 3621 Tork St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of late John F. Forlifer

6 DATE OF BIRTH (month, day, and year) July 26 1862

7 AGE — Years: 64 — Months: 7 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Annie Naylor

(Address) 3621 Tork St

15 Filed 1 1929, 19 C. Hannah Jones, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 . 19 29 . to Feb 28 . 19 29

that I last saw h[illegible] alive on Feb . 28 . 19 29

and that death occurred, on the date stated above, at 6:20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. F. Schaal, M. D.

3/1, 19 29 (Address) 3701 Eutaw

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: March 4 1929

20 UNDERTAKER: Ehrenworth Son — ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 43566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 ✓ E 43566

1—PLACE OF DEATH Baltimore

REGISTERED NO.

CITY OF BALTIMORE: (No. 512 Rossiter Ave. ST. 27-48 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth V. Dietz

(a) RESIDENCE NO. 512 Rossiter Ave. ST., WARD

(Usual place of abode) 40 years

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Jan.3, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa.

PARENTS

10 NAME OF FATHER George W. Dietz

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Pa.

12 MAIDEN NAME OF MOTHER Amanda J. Reisinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa.

14 Informant Mr. Alfred J. Dietz

(Address) 512 Rossiter Ave., Govans

15 Filed 1-1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 - 29

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Feb 28, 1929, that I last saw her alive on Feb 28, 1929, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mel.

History (duration) one S yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H C Kress, M. D.

3-1, 1929 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York, Pa.	Mar. 2, 1929

20 UNDERTAKER John O. Mitchell & Sons. ADDRESS 1900 Eutaw Pl.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43567

CERTIFICATE OF DEATH.

E 43567

118-082

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 7-55 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Robinson

(a) RESIDENCE NO. 3334 Belvidere St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos S Robinson

6 DATE OF BIRTH (month, day, and year): aug 18th 1869

7 AGE — Years: 59 Months: 6 Days: 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Wm White

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Jos S. Robinson

(Address) 3334 Belvidere

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

R 1-1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas [illegible] M. D.

(Coroner)

2/27. 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 3/2 1929

20 UNDERTAKER: J H Cook — ADDRESS: 1217 E Oliver

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43568

CERTIFICATE OF DEATH.

E 43568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-E-39 st ST.) 19-44 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace H. Kidwell

(a) RESIDENCE No. 1-E-39 st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara H. Kidwell

6 DATE OF BIRTH (month, day, and year) July 27, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER W. T. Kidwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Barbara Kidwell
(Address) 1-E-39 st

15 Filed [illegible] 192 [illegible] Registrar

R 1-1929 C. HARRISON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

3/1 192[illegible] (Address) 1532 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/2

20 UNDERTAKER

TION is very important. See instructions on back of certificate.

...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

...applied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43569

CERTIFICATE OF DEATH

129 E 43569

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 13-57 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Spellman

(a) RESIDENCE NO. 3605 Walden Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Spellman

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Textile Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Lemuel Spellman.

11 BIRTHPLACE OF FATHER (City or town) Virginia

(State or country)

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Margaret Spellman

(Address) 3605 Walden Ave

15 Filed C. HARRISON JONES, Registrar

Par ARH

R 1 - 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1929 to March 1, 1929

that I last saw h alive on March 1, 1929 19

and that death occurred, on the date stated above, at 11 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Glomerular Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uremia, Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry

(Signed) J. E. W. Leard, M. D.

19 (Address) Mercy Hospital, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

Date of Burial 3/4 1929

20 UNDERTAKER J. M. Cook

ADDRESS 1217 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 43570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. 47

CITY OF BALTIMORE: (No. (This) Bon Secours Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mina A. R. Miller

(a) RESIDENCE NO. 3312 Shathuck Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R Ashley Miller

6 DATE OF BIRTH (month, day, and year) June 29 98

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Franklin L Byers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westminster Md

12 MAIDEN NAME OF MOTHER Louise E Gentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ashley R Miller

(Address) 3312 Shathuck ave

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/7/1928 to 2/26/1929.

that I last saw he alive on 2/27/1929.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Postoperative shock - following Caesarean Section - Pt. in poor Condition due to carcinoma of breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Beginning Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/27/29

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Theo E Stacy M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL March 1929

20 UNDERTAKER W Mannon Bonton — ADDRESS 2205 W North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43571

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-01 ✓

E 43571

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO. 70-69

CITY OF BALTIMORE: (No. Howard + Madison ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M Cunningham

(a) RESIDENCE NO. 2532 W Fayette ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Herbert Cunningham

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Conguest

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Hosp. Record
(Address)

15 Filed 1-1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1929, to Feb 28, 1929, that I last saw h[illegible] alive on Feb 28, 1929 and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Myeloid Leukemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes No Date of Feb 27, 1929

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. K. Reifschneider, M. D.

2/28, 1929 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Ceme	March 4 1929
20 UNDERTAKER	ADDRESS
W M Routson	2208 W Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 43572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43572

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 5503 Fair Oaks Ave. 97-43 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ward Vivian Fleming

(a) RESIDENCE. No. 5503 Fairoaks Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7 1911

7 AGE — Years: 17 — Months: 8 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Winter M. Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Edna Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Winter M. Fleming
(Address) 5503 Fairoaks Ave

15 Filed , 19 C. HARRISON JONES, Registrar
By

1-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929 to Feb 28, 1929 that I last saw him alive on Feb 28, 1929 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary): Empyema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? yes Date of Feb 22 1929

Was there an autopsy? No

What test confirmed diagnosis? Empyema

(Signed) Benj. L. Rose M. D.

Mar 1, 1929 (Address) 5601 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: March 1929

20 UNDERTAKER: M. McCoubrey — ADDRESS: 2234 N. Arch

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43573

CERTIFICATE OF DEATH.

20 ve E 43573

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospt St. 6-9 Ward)

2-FULL NAME Frank Johnson

(a) RESIDENCE NO. 235 N. Dallas St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: 39 Years ___ Months ___ Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): N C.

(State or country)

PARENTS

10 NAME OF FATHER Geo Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant M. Johnson

(Address) 235 N. Dallas

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 1 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. base of skull (cause)

2½ days (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. Hampson Jones M. D. (Coroner)

March 1 1929 (Address) 1629 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2½ days yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockingham N. C. Date of Burial: March 4 1929

20 UNDERTAKER: Edward Bryan ADDRESS 1631 Allens St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2

Spec.—1-12-23—M&T—500 Blks.

E 43574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43574

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 704 Pine al ST., (4-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rogers Mack

(a) RESIDENCE NO. 704 Pine al ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 3 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Victoria Marks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry Mack

(Address) 704 Pine alley

15 Filed FEB 2 - 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to Feb 27, 1929, that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Primary)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 19

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Ga ave.

IMPORTANT See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 43575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43575

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 N. Mount St., 14-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Gross

(a) RESIDENCE NO. 310 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Gross

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

10 NAME OF FATHER Francis Scott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

PARENTS

14 Informant Sarah Pedri

(Address) 310 N. Mount St.

15 2 1929 19 C. EMMETT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis — Convulsions

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....mos. .....ds.

(Signed) Chas. H. Brosius M. D.

(Coroner) 2/25 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Mch 3 1929

20 UNDERTAKER Wm. H. Chase Son ADDRESS 400 Maher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 43576 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43576

Duplicate

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hospital ST. 1014 WARD)

REGISTERED No. 116

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel K Moore

(a) RESIDENCE No. 826 N Bentztown ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E Moore

6 DATE OF BIRTH (month, day, and year) Feb 6 - 1845

7 AGE	Years	Months	Days 22	If LESS than 1 day, ... hrs. or ... min.
	84	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Md.

PARENTS

10 NAME OF FATHER John A Moore

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Md.

12 MAIDEN NAME OF MOTHER Mt Munn

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Md Known

14 Informant Mr Charles Moore

(Address) 826 N Central

15 Filed 2-1929, 19... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 28, 19 29, to Feb 28, 19 29.

that I last saw him alive on Feb 28, 19 29.

and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) William H. Cohen M. D.

, 19 (Address) So Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Mar 2 1929

20 UNDERTAKER W M Routson

ADDRESS 2231 W Balto

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43577

CERTIFICATE OF DEATH

5/ E 43577

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2405 East Chase St ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Novak.

(a) RESIDENCE NO. 2405 East Chase St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 9 ds. How long in U. S., if foreign birth? 17 yrs. 4 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) Oct 20-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17		4	9	12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Frank Novak.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Kotalyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Novak.

(Address) 2405 East Chase Street

15 Filed 2-1929 C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2. 1924

17 I HEREBY CERTIFY, That I attended deceased from 3-1-24 to 3-2-24

that I last saw h... alive on 3-1-24

and that death occurred on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Lethal Regurgitation
Aortic

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3-4 19 24 (Address) 800 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: March 5 1924

20 UNDERTAKER: August Pasek — ADDRESS: 2404 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73 E 43578

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City 1420 ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline A Hale

(a) RESIDENCE NO. 1420 Pennsylvania ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Karl C J Hauselmann

(Address) 18 N K Lafayette Ave

15 Filed 2-1929 19 C Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/1/29

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 19 27, to 3/1, 19 29, that I last saw h~~e~~ alive on 3/1, 19 29, and that death occurred, on the date stated above, at 4 H m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza Atypical

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and

(Signed) H. Friedrich, M. D.

19 (Address) Baltimore City H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Mar 2 1929

20 UNDERTAKER: John Allen & Son

ADDRESS: 200 Arlington

Spec.—2-29-28—L. F. S.—500 Bks.

E 43579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43579

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 506 N Curley ST., 7-11 WARD)

2—FULL NAME John H Jones

(a) RESIDENCE NO. 506 N Curley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 25 1881

7 AGE	Years	Months	Days	If LESS than 1 day,....hrs. or....min.
47	48	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph H Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Margaret A Raiden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Margaret A Jones
(Address) 506 N. Curley

15 Filed MAR 2 - 1929 G. Hamilton Jones, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/29

17 I HEREBY CERTIFY, That I attended deceased from 2/18/29, 19, to 2/28/29, 19, that I last saw him alive on 2/28/29, 19, and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Dil. Right Heart

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. J. France, M. D.

2/28 19 (Address) 2939 Mc Elderry

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	May 4 1929

20 UNDERTAKER: Wm C Miller & Son ADDRESS 233 E Fayette St

Cor.—12-9-25—A Co.—200 Bks.

E 43580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43580

CERTIFICATE OF DEATH. 187-007

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-37 Ward

2-FULL NAME George Herrick

(a) RESIDENCE NO. 402 Oldham St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Herrick

6 DATE OF BIRTH (month, day, and year) Dec 23-1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59	59	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ellicott Machine Corp.

9 BIRTHPLACE (city or town)

(State or country) Conn.

PARENTS

10 NAME OF FATHER Matt. Herrick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Conn.

12 MAIDEN NAME OF MOTHER Cora Diamond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Cora Herrick

(Address) 402 Oldham St.

15 Filed ..... 19 ..... Registrar

1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquest and from the evidence obtained by said inquest and (autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cellulitis right leg. ph lebitis-ing. admitt.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism.

(duration) yrs. mos. ds.

(Signed) Eugene Zillert M. D.

(Coroner)

2-28, 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Ellicott Machine Corp. Bush + Server St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial Mar 4 1929

20 UNDERTAKER Mrs L. Miller & Son ADDRESS 2334 E. Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43581

CERTIFICATE OF DEATH

101-001 E 43581

1-PLACE OF DEATH

City of Baltimore: (No. 1525 McElderry St St. 7-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Simms

(a) RESIDENCE NO. 1525 McElderry St St., Ward

(Usual place of abode)

Length of cesidence in city or town where death occurced yrs. mos. ds. (If non-cesident give city oc town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed oc Divorced, (write the word)
M	B	S

5a If married, widowed, oc divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15/28

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	13	

8 OCCUPATION OF DECEASED
(a) Tcade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State oc country) Baltc., Md.

PARENTS

10 NAME OF FATHER Melvin Simms

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rebecca Walker

13 BIRTHPLACE OF MOTHER (city oc town)
(State or country) Georgia

14 Informant Mother
(Address) 1525 McElderry St

15 Filed ..., 19 C. Hamilton Jones M.D. Registrar

BY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28/29 192

17 I HEREBY CERTIFY, That I took charge of the remains desccibed above, held an Inquiry (Inquest, autopsy or inquiry.) thercon and from the evidence obtained by said Inquiry (Inquest, autopsy oc inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumonia (Lobar)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondacy)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? history

(Signed) J. J. McCann M. D.

3/2/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Caoses, state (1) Mcans and Natuce of Injucy, and (2) whether Accidental, Suicidal, oc Homicidal. (See ceverse side foc additionai space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cemetery

DATE OF BURIAL 3/2 19 29

20 UNDERTAKER Robert Williams

ADDRESS 1315 Mc Elderry St

MAR 2 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43582

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. City Hosp. ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Brown

(a) RESIDENCE NO. 207 No mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widnwed, or Divorced, (write the word)
Male	Col	Single

5a If married, widnwed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Louisa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Patient
(Address)

15 Filed 2-1929, 19 C. Hamman Jones M.D. Registrar
Par OKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-29

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 1929, to 2-27, 1929, that I last saw him alive on 2-27, 1929, and that death occurred, on the date stated above, at 11:25 P. m.

The CAUSE OF DEATH* was as follows: Hypertensive Cardio-Vascular Renal disease

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab.

(Signed) A. W. Wirth, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Mar 2, 1929
20 UNDERTAKER	ADDRESS 3224
Mrs. Katie R. Williams	Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

E 43583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43583

CERTIFICATE OF DEATH.

24-34

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward) 24-34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward D. Whaley.

(a) RESIDENCE NO. 1511 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower.

3a If ~~single, married, widowed, or divorced~~ WIFE or HUSBAND of ~~deceased~~ Hattie Whaley.

6 DATE OF BIRTH (month, day, and year) October 31, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Whaley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha E. McQuay.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant James O. Whaley. (brother)

(Address) 736 N. Fulton Ave.

15 Date 2-1929 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

3-1 19 29 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial 3-4 19 29

20 UNDERTAKER Ehrlich ADDRESS 113 E. West St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43584

CERTIFICATE OF DEATH.

E 43584

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 672 Mosher St. (Ward) 30th Bal.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Coyne

(a) RESIDENCE No. 672 Nash Blvd St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20 1867

7 AGE: 62 Years 1 Months 9 Days

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Coyne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Hervey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mary A. Meushaw 672 Nash Blvd.

15 Filed MAR 2 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929 to Mar 1, 1929.

that I last saw him alive on Feb. 26, 1929.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1927.

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) J. F. Hartman M. D.

(Address) 1 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Augustine Elkridge Md

DATE OF BURIAL: 3-5 1929

20 UNDERTAKER: Bernard C Hart

ADDRESS: 1000 S Pres

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43585

CERTIFICATE OF DEATH

188-103 E 43585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 9-18 Ward)

2-FULL NAME Charles C. Forward

(a) RESIDENCE NO. 1607 Holbrook St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22/1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	21	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer) O'D
(c) Name of employer Raymond Murphy

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Forwood

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Linda Gilbert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Linda Forwood
(Address) 1607 Holbrook St

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 March 1/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage - Frac. Skull at base. Collision motorcycle & autotruck at Lanvale & Holbrook Sts

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Inquest Mch 5/29)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of Mar 1/29

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. K. Haller, M. D.

3/2/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	3/5 1929
20 UNDERTAKER William Cook	ADDRESS 1217 St Paul

MAR 2 - 1929

Per R. J. [illegible], M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43586 — 90 ~ E 43586

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Gilmor ST. 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Porter

(a) RESIDENCE NO. 928 Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE — Years: 57 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick, Md.

PARENTS

10 NAME OF FATHER: William Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jamie Porter
(Address) 928 N. Gilmor St

15 Filed 2 1929, 19 C. HAMPSON JONES, M.D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/26/29.

17 I HEREBY CERTIFY, That I attended deceased from 10/15/, 1928, to 2/26/, 1929 that I last saw h[er] alive on 2/26/, 1929 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis,

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Hall Harris, M. D.

2/27/, 19 (Address) 912 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 3/2, 19 29

20 UNDERTAKER: Samuel Wensley

ADDRESS 57

28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43587

100-001

E 43587

CERTIFICATE OF DEATH

ACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grady Campbell

(a) RESIDENCE NO. 1203 Chatham st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Campbell

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Laborer

(b) General nature of industry, business, or establishment in whirh employed (or employer) Unknown

(c) Name of emplever

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Nelson Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Annie Lord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address)

15 Filed 2-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to March 1, 1929,

that I last saw him alive on March 1, 1929

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C. Smith, M. D.

3-1-, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 3/4 1929

20 UNDERTAKER Samuel Walmsley

ADDRESS 5 E Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

Rankin

E 43588

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 43588

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jesse Rankin

(a) RESIDENCE NO. 1100 Madison Ave

(Usual place of abode) ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Rankin

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE: 20 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bootblack

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Wm

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C

12 MAIDEN NAME OF MOTHER: Ora

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: ~~Wife~~ Patient

(Address)

15 Filed 2 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-29

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 19 29, to 2-28, 19 29, that I last saw him alive on 2-28, 19 29, and that death occurred, on the date stated above, at 1225 P.m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Myocardial Insufficiency

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical X Ray & Lab.

(Signed) [illegible] M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood N.C.

DATE OF BURIAL: 3/6 19 29

20 UNDERTAKER: Samuel H Hensley

ADDRESS: Biddle

Spec.—1-12-23—M&T—500 Bks.

E 43589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43589

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Stricker ST., 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Hartshanger

(a) RESIDENCE NO. 406 S. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W Lute	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Luella Hartshanger

6 DATE OF BIRTH (month, day, and year) Oct. 9-1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
77	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Gdl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Market Virg.

PARENTS

10 NAME OF FATHER Samuel B. Hartshanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary Zirkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virg.

14 Informant Wife

(Address)

15 FILED 2-1929 C. HAMPSON JONES, M. D. Registrar

Cor. RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27 1929

17

I HEREBY CERTIFY, That I attended deceased from 2/22, 1929, to 2/27, 1929, that I last saw him alive on 2/25, 1929 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. P. Sigrist, M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/2 1929

20 UNDERTAKER Harry S. Wittle — ADDRESS 1531 N. Lombard St

Spec.—1-10-21—M&T—1500 Bks.

27 915
2E 43590

HEALTH DEPARTMENT—CITY OF BALTIMORE E 43590

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Hagerty

(a) RESIDENCE NO. 2616 Fait ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P.

6 DATE OF BIRTH (month, day, and year) Dec 6-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Franz Cichocki

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Gussie Augustina

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2-1929, 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 27, 1929, to Feb 28, 1929, that I last saw her alive on Feb 28, 1929, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew A. Marchetti, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	March 4 1929
20 UNDERTAKER	ADDRESS
George A. Weber	708 S. Ann St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43591

CERTIFICATE OF DEATH

1929

E 43591

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2216 Bank st ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adam. Mechlinski

(a) RESIDENCE NO. 2216 Bank street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 12-1884

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	5	17 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Joseph Mechlinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Borowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Joseph Mechlinski
(Address) 2216 Bank st

15 Filed MAR 2 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 19, 1929 to March 1, 1929, that I last saw him alive on March 1st, 1929 and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Symptoms about 1 yr (duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb R Kelly, M. D.

March 1st, 1929 (Address) 100 S Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	March 4 1929.
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Ann st

Spec.—1-10-21—M&T—1500 Blks.

E 43592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43592

CERTIFICATE OF DEATH

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Smelser

(a) RESIDENCE NO. 2018 N. Payson St. ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) newborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) 3-1-29

7 AGE Years Months Days If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benton Benton Smelser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Knabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown Md.

14 Informant mother

(Address)

Filed 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1929

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 1, 1929, that I last saw her alive on March 1, 1929, and that death occurred, on the date stated above, at 3:50 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia Pallida
Funnel-Shaped Pelvis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accident & Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? - Date of

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) Arthur Rattenni, M. D.

3/1, 1929 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Mar 2 1929

20 UNDERTAKER Fitz & Nus. John W. Gaefe for

ADDRESS 601 W Fayette

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43593

CERTIFICATE OF DEATH

100-001

1-PLACE OF DEATH West Baltimore General

REGISTERED NO.

CITY OF BALTIMORE: (No. 420 Asquith ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Plummer.

(a) RESIDENCE No. 420 N. Asquith ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 6, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	7	25	
80		7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer I O O F

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John F. Plumma

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ruth A Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs M A Chambers

(Address) 1325 N Bond St

15 Filed 2-1929, 19 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929, to March 1, 1929, that I last saw him alive on March 1, 1929 and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Benj Sarubin, M. D.

3/1, 1929 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Mar 4 1929

20 UNDERTAKER Jas B Spence — ADDRESS 1325 N Caroline St

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43594

CERTIFICATE OF DEATH.

90

27-56

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4988 Denmore St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Henry Fallen

(a) Residence No. 4988 Denmore St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Fallen

6-DATE OF BIRTH (month, day and year): 4/13/1862

7-AGE: 66 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Geo. Fallen

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER: Ad-Not-Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ad-Not-Known

14-

(Informant): Mrs Fallen

(Address): 4988 Denmore

15-

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from August, 1927, to March 1, 1929, that I last saw him alive on Feb 28, 1929, and that death occurred, on the date stated above, at 7 54 m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary): Myocarditis

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

Who first confirmed diagnosis? Physician

(Signed) Thos Daly M.D.

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 3/2/, 1929

20-UNDERTAKER: H. J. Cohen Bro

ADDRESS: 1318 Light

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

E 43595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43595

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 1/2 Webster St. Ward) 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa E. Mundie.

(a) RESIDENCE NO. 1601 1/2 Webster St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed or divorced (or) WIFE of: Malcolm Mundie.

6 DATE OF BIRTH (month, day, and year): October 14, 1890.

7 AGE: Years 38 | Months 4 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Anton Kroupa.

11 BIRTHPLACE OF FATHER (city or town): Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Theresa E. Shimik.

13 BIRTHPLACE OF MOTHER (city or town): Baltimore, Md

(State or country)

14 Informant: Malcolm Mundie. (husband.

(Address) 1601 1/2 Webster St.

15 Filed 2-[illegible]-1929 G. [illegible] Registrar

Dat[illegible] AKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 28, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

3/2, 1929 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 3/4 1929

20 UNDERTAKER: J. Fow McCully ADDRESS 130 E Fort

Sec. 18. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43596 — 91-92 — E 43596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1292 Riverside St. 24-33 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celestia D. Bowen

(a) RESIDENCE No. 1292 Riverside ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agabus J. Bowen

6 DATE OF BIRTH (month, day, and year): Dec 26 - 1844

7 AGE — Years: 84 | Months: 2 | Days: 5 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: (?) Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Annie Deal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Ada Cranford
(Address): 1292 Riverside ave

15 Filed 3/2, 1929 C. HARRISON JONES, Registrar
Per DRH

2-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 — 1 — 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 8. 1929. to Mar 1. 1929.
that I last saw her alive on Mar 1 — 1929
and that death occurred, on the date stated above, at 4. P. m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis
Senal
(duration) 1 yrs. mos ds.
CONTRIBUTORY (Secondary) Dozemia
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Physical
(Signed) W. M. Buxton, M. D.
3/2, 1929 (Address) 301 E Cross.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Ch Balv. Co | DATE OF BURIAL: 3/3 1929

20 UNDERTAKER: D. F. McCully | ADDRESS: 130 E. Fort

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 2485 43597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43597

CERTIFICATE OF DEATH.

159-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Johnson

(a) RESIDENCE NO. 1142 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1929

7 AGE — Years — Months — Days: 5 weeks — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Sidney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Leslie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records

15 2 - 1929 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 14 . 1929 . to Feb 24 . 1929 .

that I last saw her alive on Feb 24 . 1929 .

and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Suffocation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemangioma of tongue

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? not yet performed.

What test confirmed diagnosis? Patient not known as yet.

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health — ADDRESS MAR 2 - 1929

Per. Wm. E. WOODALL

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43598

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 43598

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1103 Washington Blvd ST. 21-29 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W Findling

(a) RESIDENCE NO. 1103 Washington Blvd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

6a If married, widowed, or divorced. HUSBAND of (or) WIFE of Mrs Lola Teresa Findling

6 DATE OF BIRTH (month, day, and year) Feby 15th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John W Findling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Teresa M Rogers

(Address) 1103 Washington Blvd

15 Filed 2-1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 28th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jany 28 1928 to Feb 28 1929

that I last saw him alive on Feb 28 1929

and that death occurred, on the date stated above, at 11.15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Maryland Dean M. D.

2/27, 19 (Address) 1227 North Bl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 4th 29.
20 UNDERTAKER John J Cowdin & Son	ADDRESS Govans

Cor.—12-9-25—A Co.—200 Bks.

E 43599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 E 43599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1545 N. Fulton St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Mettle.

(a) RESIDENCE NO. 1545 N. Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Mettle

6 DATE OF BIRTH (month, day, and year) Feb 16 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	39		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md. (State or country)

PARENTS

10 NAME OF FATHER Ewd J. Wall.

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Cornelia Machen

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Gordon Mettle (Address) 1545 N. Fulton St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septisimia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (secondary) Miscarriage

Accident (duration) ..... yrs. ..... mos. 4 ds.

(Signed) F. C. Linck M. D.

(Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — Date of Burial: Mar. 4 1929

20 UNDERTAKER: Wm. J. Tickner & Son — ADDRESS: North & La

1929

Be sure that all items are answered, or state that they cannot be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 43600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43600

CERTIFICATE OF DEATH.

43600

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Calverton Road ST., 16 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Miller

(a) RESIDENCE NO. 607 Calverton Road ST., 16 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Miller

6 DATE OF BIRTH (month, day, and year): April 6, 1852

7 AGE — Years: 76 — Months: 10 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: Richard Hood.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Rebecca Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Robert Keller

(Address) 607 Calverton Rd

Filed MAR 5 1929 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 24 1924 to Mar 2 1929 that I last saw h[illegible] alive on Mar 1 1929 and that death occurred, on the date stated above, at 9.40 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 5 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) myocarditis & Cachexia

of [illegible] (duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? House of Death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John A. Thurand M.D.

3/2, 1929 (Address) 1219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dy. Mary Cem. — DATE OF BURIAL: Mar. 5 1929

20 UNDERTAKER: Easton Davis — ADDRESS: Ellicott City

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43601

CERTIFICATE OF DEATH

3 E 43601

1—PLACE OF DEATH

REGISTERED NO. 15-61

CITY OF BALTIMORE: (No. 2302 Elsinor Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Ballard Hopkins

(a) RESIDENCE NO. 2302 Elsinor Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 1 ds. How long in U. S., if foreign birth? 54 yrs. 7 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Gates Hopkins

6 DATE OF BIRTH (month, day, and year) July-31-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Produce & etc.

(c) Name of employer Balto. Bannana Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Hood Hopkins

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Ballard

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland.

14 Informant Mrs Olive Gates Hopkins (wife)
(Address) 2303 Elsinor ave

15 Filed 3-1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29

17 I HEREBY CERTIFY, That I attended deceased from Dec-26, 1928, to Mar. 2-, 1929, that I last saw him alive on Mar-1-, 1929 and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Gradual decline.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

3/2, 1929 (Address) 2207 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Mar 4, 1929

20 UNDERTAKER: Edward McMonus Co. — ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 43602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 49 E 43602

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2-FULL NAME Leo A- Gertman

(a) RESIDENCE No. 3801 Gramercy Pl—ST., WARD Washington D C

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: Years 53 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U-S- Customs

(b) General nature of industry, business, or establishment in which employed (or employer) Govt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Adolph Gertman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger -

12 MAIDEN NAME OF MOTHER Mary Faust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 3 - 1929 . 19 Per CKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 . 1929 . to Mar 2 . 1929 .

that I last saw him alive on Mar 2 . 1929 .

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

18 mo. (duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) S. A. Gladstone, M. D.

3/2 . 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C.

DATE OF BURIAL 3/3 1929

20 UNDERTAKER H. Wormeardson

ADDRESS 705 N Calvert St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43603

CERTIFICATE OF DEATH.

E 43603

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital Ward) 5456 188-103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kursich

(a) RESIDENCE NO. 1226 Barclay St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 22 - 1918

7 AGE: Years 10 Months 3 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City Md

(State or country)

PARENTS

10 NAME OF FATHER: Harry Kursich

11 BIRTHPLACE OF FATHER (city or town): Europe

(State or country)

12 MAIDEN NAME OF MOTHER: Ewa Beisl

13 BIRTHPLACE OF MOTHER (city or town): Balto City Md

(State or country)

14 Informant: Jack Lewis

(Address) 1439 E Balto St

15 Filed 1929 Cor. Harrison Jones M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 1/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull at Base.
Struck by automobile 221/2 St. bet Barclay & Greenmount Ave

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J H Lee, M. D.

(Coroner)

3/2/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrn Rue — Date of Burial: 3/3 1929

UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto

3 DEATHS to be certified in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1929

E 43604

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2525 Maryland Ave. ST. 12-51 WARD)

2—FULL NAME Mary Catherine Montgomery

(a) RESIDENCE NO. 2525 Maryland Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh W. Montgomery

6 DATE OF BIRTH (month, day, and year) October 31, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Samuel Snell

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Helen E. Bouldin

(Address) 2525 Maryland Ave.

15 Filed ..... 1929 C. [illegible] Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 19 28 to Dec 28 19 29

that I last saw her alive on Feb 28 19 29

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Mch 1, 1929 (Address) 112 W. 25th Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Mar. 4 1929
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 West Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 43605

E 43605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 Callendar ST. (18 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alverta Burk

(a) RESIDENCE NO. 124 Callendar ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 25 1887

7 AGE: Years 41 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solderer ~~Front~~

(b) General nature of industry, business, or establishment in which employed (or employer): in Tin factory about 20 yrs ago

(c) Name of employer: Mathieu & Ingram Baltimore Md

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A. Burk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil Co Md

12 MAIDEN NAME OF MOTHER: Alverta Lippy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Pa

14 Informant: Daniel Burk

(Address) 124 Callendar St

15 Filed Mar 3 1929 . 19 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1929 to Mar 2 1929.

that I last saw her alive on Mar 1 1929,

and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Multiple arthritis deformans

about 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia & Sloughing ulcer on back. (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none taken

(Signed) H E Kmith, M. D.

3/2 1929 (Address) 4025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 4 1929

20 UNDERTAKER: D O'Connor — ADDRESS: 1003 Baltimore

ATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43606

CERTIFICATE OF DEATH

3 1 ✓ E 43606

1—PLACE OF DEATH

REGISTERED NO. 1928

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 428 S. Stricker ST. WARD)

2—FULL NAME Anna E. Faherty

(a) RESIDENCE NO. 428 S. Stricker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John M. Faherty

11 BIRTHPLACE OF FATHER (city or town) Ellicott City
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Gardner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. John M. Faherty
(Address) 428 S. Stricker Street

15 Filed 3-1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1927 to Feby 28, 1929 that I last saw her alive on Feby 28, 1929 and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

3/1, 1929 (Address) 108 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Mar. 4 1929
20 UNDERTAKER Hoelle Co Inc	ADDRESS 1003 West Baltimore St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43607

CERTIFICATE OF DEATH.

~49 E 43607

1-PLACE OF DEATH

City of BALTIMORE: (No. 1122 Poplar Grove St. 16-67 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy M. Rouse

(a) RESIDENCE NO. 1122 Poplar Grove St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Rouse

6 DATE OF BIRTH (month, day, and year) 11-27-89 (Nov. 27, 1889)

7 AGE: Years 39 (38) | Months 3 (+3) | Days 4 (+2) | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer At Home

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos. J. Bach

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary S Hulsboff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant John H Rouse

(Address) 1122 Poplar Grove St.

15 Filed ..... 19 .....

3-1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928 to March 1st, 1929, that I last saw h[illegible] alive on February 28, 1929, and that death occurred, on the date stated above, at 7-50 a.m.

The CAUSE OF DEATH* was as follows:

Uremic Toxemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma Bladder, Pyonephrosis. (Over)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bly & McCreary, M. D.

3/1, 1929 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cemetery Mar. 4th 29

20 UNDERTAKER — ADDRESS

Frost & Cook 1003 West Baltimore St

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43608

CERTIFICATE OF DEATH

X 100-001 E 43608

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Jeannette Laynor

(a) RESIDENCE NO. Eldridge, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles V. Laynor

6 DATE OF BIRTH (month, day, and year): February 18 1906

7 AGE: Years 73 Months — Days 2 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town): Cecil Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Alexander G. Skaggs

11 BIRTHPLACE OF FATHER (City or town): Colora Cecil Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Jones

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md.

14 Informant: Charles V. Laynor

(Address): Eldridge Md.

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/2/79 19

17 I HEREBY CERTIFY, That I attended deceased from 2/6/79, 19____, to 3/2/79, 19____,

that I last saw h[illegible] alive on 3/1/79, 19____,

and that death occurred, on the date stated above, at 10:28 p.m.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(duration) ____ yrs. ____ mos. 2 da.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) ____ yrs. ____ mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Chest X-ray

(Signed) [illegible] M. D.

3/3, 1979 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

Date of Burial: Mar 6 1979

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1013 N. Gilmor St.

Physician in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43609

CERTIFICATE OF DEATH

101-08

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Gilbert ST. 16-7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minna S. Heath

(a) RESIDENCE NO. 623 Gilbert ST.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Heath

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Nicholas Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gertrude Fowler (Address) 164 N. Mt. St. City

15 Filed 3-1929 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 29

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1929, to July 28, 1929, that I last saw h[illegible] alive on July 26, 1929 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Symp.

(Signed) David S. Nemoff M.D.

7-31, 1929 (Address) 1016 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 8/3 1929

20 UNDERTAKER Samuel H. Mousley ADDRESS 1326 Dr

Spec.—1-12-23—M&T—500 Blks.

E 43610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43610

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. 13-39 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Tilghman.

(a) RESIDENCE NO. Park Circle Apt. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 7-1862?

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
67?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Morris Macht

9 BIRTHPLACE (city or town) (State or country) Arundel Co.

PARENTS

10 NAME OF FATHER William Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Byass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm E Tilghman (Address) 514 W Mulberry St

15 Filed 3-1929, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19 29, to Feb 25, 19 29, that I last saw him alive on Feb. 23, 19 29 and that death occurred, on the date stated above, at 7:15 P m

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenken, M. D.

3/3 19 29 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 3/3 19 29

20 UNDERTAKER Samuel Hensley ADDRESS 57 S Bridle

Spec.—1-12-23—M&T—500 Blks.

Robert E. Rose

E 43611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland ST., 4-25 2 WARD) 21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt. E. Rose

(a) RESIDENCE NO. 681 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1-1865

7 AGE: Years 64 Months Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cap Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Caps

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dour Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dour Knox

12 MAIDEN NAME OF MOTHER: Bertha Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Phillip Hahn

(Address): 945 Brook Lane

15 Filed: 3-1929 Registrar: C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-24, 1929, to 3-2, 1929.

that I last saw him alive on 3-2, 1929

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Benj. H. Klotz, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Baltimore Cem. DATE OF BURIAL 3/4 1929

20 UNDERTAKER: J. Ahrens Co. ADDRESS Reisterstown Rd

Spec.—2-29-28—L. F. S.—500 Bks.

E 43612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43612

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) Caroline & Eden (ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Hall Bosley

(a) RESIDENCE NO. Elkridge Town ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Theodore A. Bosley

6 DATE OF BIRTH (month, day, and year): Feb 11-1874

7 AGE: Years 55 | Months | Days 20 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co

PARENTS

10 NAME OF FATHER: Worsindon Townsly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ella Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 INFORMANT (Address): Theodore A. Bosley Rutledge Md

15 FILED 3-1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 1-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-22-29, 19, to 3-1-29, 19, that I last saw h alive on 3-1-29, 19, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Caecum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-8-29.

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) N B Handley M. D.

(Address) St Joseph Hospital, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Camp Chapel Cemetery — DATE OF BURIAL: Mar 4 1929

20 UNDERTAKER: D S Marshall 3539 — ADDRESS: Ellicott City Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 43613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 E 43613

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hosp. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carey Hunter Jr.

(a) RESIDENCE NO. 3440 Piedmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Belmont
(State or country) Md

PARENTS

10 NAME OF FATHER Carey T. Hunter

11 BIRTHPLACE OF FATHER (city or town) Towson
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah C. Flynn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Carey T. Hunter

(Address) 3440 Piedmont Ave

15 Filed APR 3 1929 19 Per C. HARRISON BURNS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29

17 I HEREBY CERTIFY, That I attended deceased from 2/19/, 1929, to 3/2/, 1929

that I last saw h.i.m alive on 3/2/, 1929

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsberg, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL 3/3 19 29

20 UNDERTAKER J. M. Cook

ADDRESS 217 E Pratt St

Rpro. 2-29-28 L. F. S. 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43614

CERTIFICATE OF DEATH

E 43614

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2026 Cecil Ave ST. 9-18 WARD)

2—FULL NAME Sarah A Turner

(a) RESIDENCE NO. 2026 Cecil Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip F Turner

6 DATE OF BIRTH (month, day, and year) Feb 20, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Phillip Turner

(Address) 2026 Cecil Ave

15 Filed 3 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 20 . 1928 . to Feb 28 . 1929 .

that I last saw h e alive on Feb 28 . 1929

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? e

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hist of Carcinoma

(Signed) Mabel C Bacon M. D.

3/2 1929 (Address) 1002 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/6 19 29

20 UNDERTAKER H H Cook

ADDRESS 1217 E Fayette

Spec.—2-29-28—L. F. S.—500 lks.

Dr McCleary 1609 Linden Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43615

CERTIFICATE OF DEATH

122-902 E 43615

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Park Ave ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine M. Bruns

(a) RESIDENCE NO. 1725 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Relair Md

PARENTS

10 NAME OF FATHER Henry P. Bruns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Katherine E Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Louise Bruns

(Address) 2133 Maryland Ave

15 Filed 3-1929, 19 C. JAMPSON JONES, M. D. Registrar Per ALD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to March 1, 1929 that I last saw h[illegible] alive on March 1, 1929 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Stanton Mebley, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victory Gardens

DATE OF BURIAL 3/4 19 29

20 UNDERTAKER T. H. Cook

ADDRESS 2174 Linden

Spec.—2-29-28—L. F. S.—500 Bks.

E 43616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43616

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S Norris ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena L Young.

(a) RESIDENCE NO. 332 S. Norris ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F Young

6 DATE OF BIRTH (month, day, and year) Aug. 20. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Henry Christler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie C Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robert F Young

(Address) 332 S Norris St

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/26 1929 to 3/1 1929

that I last saw h alive on 3/1 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas A Reid, M. D.

3/1, 1929 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem

DATE OF BURIAL 3/4 1929

20 UNDERTAKER Wm Cook

ADDRESS 217 S Fulton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43617 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43617

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 9-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Philip Cook

(a) RESIDENCE NO. 905 N. Rose st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John F. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Riefner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed ..., 19 ... Registrar

3-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 29, to March 1, 29,

that I last saw him alive on March 1, 29

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute degeneration of liver

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry Smith, M. D.

3-2-, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	3-6-29
20 UNDERTAKER	ADDRESS
M Cook	2114 Madison

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43618

CERTIFICATE OF DEATH

24-091

E 43618

1—PLACE OF DEATH Univ. Hosp.

REGISTERED NO. 70-69

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethel Seltzer.

(a) RESIDENCE NO. 2107 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frances M. Seltzer

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Valentine Freman

11 BIRTHPLACE OF FATHER (city or town) md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Loftus

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Thomas Seltzer

(Address) 2107 W Saratoga St

15 Filed MAR 3 1929 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2nd 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1929, to Mar 2nd 19 29.

that I last saw h er alive on Mar 2nd 19 29

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E G Warner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Crematory	3/5 19 29
20 UNDERTAKER	ADDRESS
W. Cook	217 E Pratt St

Spec.—1-10-21—M&T—1500 Bks.

E 43619 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43619

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital # 117 REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. Balt. Md ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Barkhouse.

(a) RESIDENCE NO. U. S Marine Hospital Baltimore Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Frank Barkhouse

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 30

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) [illegible]

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self

(Address)

15 Filed 3-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1929.

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 1, 1929, that I last saw him alive on March 1, 1929, and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis, ruptured.

C/E. Coroner J. Morrissey

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diffuse Peritonitis

Paralytic Illeus (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Steamship Gulflight Gulf

Did an operation precede death? yes Date of March 1 1929

Was there an autopsy? yes. necropsy

What test confirmed diagnosis? Operation & ~~Autopsy~~

(Signed) C. C. Wilmuth, M. D.

March 1, 1929 (Address) U. S Marine Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staten Island N. Y. DATE OF BURIAL Mar 3 1929

20 UNDERTAKER E. L. Stoppler ADDRESS 128 North

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43620 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 01 43620

CERTIFICATE OF DEATH. 1 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Linehan

(a) RESIDENCE NO. 326 Academy Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant Seaman OS

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant Service

(c) Name of employer: SS Republic

9 BIRTHPLACE (city or town) (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: John Linehan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Massachusetts

12 MAIDEN NAME OF MOTHER: Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Massachusetts

14 Informant (Address): Record U.S. Marine Hospital

15 Filed 1929 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 25 . 1929 . to March 1 . 1929 .

that I last saw him alive on Feb 28 . 1929 .

and that death occurred, on the date stated above, at 1:40 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On ship at sea

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Ralph E. Porter, M. D.

3/2, 1929 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Norwood DATE OF BURIAL: Mar 5 1929

20 UNDERTAKER: E. & J. Boyle Stephens ADDRESS: 1205 North

HOW IS very important. See instructions on back of certificates.

C3

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 43621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vera Clark

(a) RESIDENCE No. 5217 Delaware ST., ... WARD Eagle Rock Calif

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 mos. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3/28/27

7 AGE: Years 1 Months 11 Days 4 If LESS than 1 day, hrs. or min.

23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): California

PARENTS

10 NAME OF FATHER: John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kansas

12 MAIDEN NAME OF MOTHER: Fay Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Iowa

14 Informant: Records

(Address)

15 Filed 3-1929, 19... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to March 2, 1929, that I last saw h alive on March 2, 1929, and that death occurred, on the date stated above, at 5.20 p m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Removal of Choroid plexus

Did an operation precede death? Yes Date of March 2, 1929

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I Ridgeway Trimble M. D.

Mch 2 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Island Ill

DATE OF BURIAL 3/3 1929

UNDERTAKER: William Cook

ADDRESS 1217 St Paul

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43622

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 3110 Strickland ST. 20-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Regan Kohlenberg

(a) RESIDENCE NO. 3110 Strickland ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgianna

6 DATE OF BIRTH (month, day, and year): April 23 1843

7 AGE — Years: 85 — Months: 10 — Days: ✓ — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Buckeystown Frederick Co Md.

PARENTS

10 NAME OF FATHER: Daniel Henry Kohlenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Buckeystown Md

12 MAIDEN NAME OF MOTHER: Rachel Layman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buckeystown Md

14 Informant: Mrs Laura A. Lee

(Address) 2717 Oak St.

15 Filed 3-1929 19 CHARLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 29 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 21 1929 to Feb 28 1929, that I last saw him alive on Feb 28 1929 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial nephritis

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl & Phy exam

(Signed) Fred T. Kyper, M. D.

19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 4 1929

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W North Ave

Spec.—1-12-23—M&T—500 Bks.

E 43623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1801 E 43623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Kathland ave ST. 15-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Shultz

(a) RESIDENCE NO. 4014 Kathland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs 5 mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Shultz

6 DATE OF BIRTH (month, day, and year) Nov 3 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant W. Franklin Garrett

(Address) 4014 Kathland ave

15 Filed 1929 C. CLARKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from October 10, 1928 to March 1 1929

that I last saw her alive on March 1 1929

and that death occurred, on the date stated above, at 7.45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical Signs

(Signed) Richard Barth M. D.

, 19 (Address) 210 Georgetown Blvd Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery PLACE OF BURIAL

Manchester Carroll Co Md March 5 1929

20 UNDERTAKER ADDRESS

Chas. G. Black 142 W. North ave

Spec.—1-12-23—M&T—500 Bks.

E 43624 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 43624

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Frankmen ave ST. 77-56 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Asch

(a) RESIDENCE NO. 3603 Frankmen ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	.64	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Gann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Gann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Simon Asch
(Address) 3603 Frankmen ave

15 Filed MAR 3 1929 16 C. HAMPSON JONES, M. D. Registrar

Dar RRM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to March 2, 1929

that I last saw h[illegible] alive on March 2, 1929

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) el. nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

March 3 1929 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern ave	March 3 1929

20 UNDERTAKER S Levinson Bro ADDRESS 1127 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43625 E 43625

CERTIFICATE OF DEATH

101-004

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Green

(a) RESIDENCE NO. 618 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Oct 24 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wolhelmina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/29

17 I HEREBY CERTIFY, That I attended deceased from 2-28, 1929, to 3/1, 1929, that I last saw h[illegible] alive on 3-1 1929 and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, left lower lobe

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 5 1929
20 UNDERTAKER	ADDRESS
M. W. E. Hospital	37 Lam[illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 43626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43626

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1668 Clifton Ave St. (or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodore R Jacobs.

(a) RESIDENCE NO. 1668 Clifton Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Jacobs.

6 DATE OF BIRTH (month, day, and year) Mar 28 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Allen P. Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Katherine Reising

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Christina Jacobs

(Address) 1668 Clifton Ave

15 Filed 3-1929, 19 NM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jany 16, 1929 to March 2, 1929 that I last saw him alive on March 1, 1929 and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

CONTRIBUTORY (Secondary) Cardiac Decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr. M. D.

3/2, 1929 (Address) 1800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa

DATE OF BURIAL March 4 1929

20 UNDERTAKER John Ulrich

ADDRESS 2008 Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 43627 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43627

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John ~~Eberhardt~~ Bernhardt.

(a) RESIDENCE NO. 3401 Mt Pleasant Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of Rebecca Bernhardt

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer.

(b) General nature of industry, business, or establishment in which employed (or employer) Packing Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lena Knorr

(Address) 103 S Pine Ave

15 Filed 3 1929, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1-1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929, to March 1, 1929.

that I last saw h[illegible] alive on March 1, 1929

and that death occurred, on the date stated above, at 7 3/4 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Kupfer, M. D.

3-1, 1929 (Address) St Joseph Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	May 4 1929

20 UNDERTAKER John Ulrich

ADDRESS 240 Ellicott

Spec. 2-20-28—L. F. S.—500 lbs.

E 43628 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 43628

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Jefferson ST., 6-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eulia J. Schwartz

(a) RESIDENCE NO. 2013 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26-1926

7 AGE: Years | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Frank A Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Edna Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

PARENTS

14 Informant Frank A Schwartz

(Address) 2013 Jefferson St

15 Mar 1929, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2-1929

17 I HEREBY CERTIFY, That I attended deceased from Mch 1, 1929, to Mch 2, 1929, that I last saw he alive on Mch 2, 1929, and that death occurred, on the date stated above, at 4-a m.

The CAUSE OF DEATH* was as follows:

Communis

CONTRIBUTORY (Secondary) Gastro Intestinal Infant (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Lennan, M. D.

3/2, 1929 (Address) 7182 Pat Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL March 4 1929

20 UNDERTAKER John Mertz ADDRESS 200 Calvert

E 43629

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43629

129

1 PLACE OF DEATH 616 Park Ave

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 11-25 S. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Bridget Dowd

(Residence in Baltimore: No. 616 Park Ave St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED X, OR DIVORCED (Write the word)

6-DATE OF BIRTH: ....., 1859 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Thomas Murphy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Kelly

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Martin Dowd

(Address) 312 S. Strieker

15-

Filed 3-1929 (191) C. HERBERT JONES, M.D. REGISTRAR

Per .....

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1 (Day), 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1929, to, March 1 1929, that I saw her alive on March 1 1929, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart and chronic nephritis

(Duration) 3 yrs mos. ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), E. T. Bouchelle M.D.

3-2 1929 [Address] 2104 St. Paul St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cem DATE OF BURIAL: 3-4 1929

20-UNDERTAKER: Geo. A. Fahey ADDRESS: Fulton & Fayette

IMPORTANT. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60-E 43630

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 648 (ST.) Portland (WARD) 22 30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Elizabeth Fuller

(a) RESIDENCE NO. 648 (Usual place of abode) Portland ST., WARD

Length of residence in city or town where death occurred 40 yrs. 8 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lawrence S. Fuller

6 DATE OF BIRTH (month, day, and year): June 5 1883

7 AGE: Years 40 Months 8 Days 24 If LESS than 1 day, hrs. or min. 26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick W. Lehmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary E. Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Lawrence S. Fuller

(Address) 648 Portland St

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Mar. 1, 1929, that I last saw h alive on Feb. 28, 1929, and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

1 Hypertension

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wilhelmine C. Blake M. D.

3/2/1929 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 4 1929
20 UNDERTAKER	ADDRESS
Los Founders Inc	2173 N. Ba

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43631

CERTIFICATE OF DEATH

90 ✓ E 43631

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 W. Bretton 28 WARD)

2—FULL NAME Caroline A. M. Dittmar

(a) RESIDENCE NO. 1941 W Bretton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 12 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Dittmar

6 DATE OF BIRTH (month, day, and year): Jan 12 1868

7 AGE — Years: 61 Months: 1 Days: 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bretting my

PARENTS

10 NAME OF FATHER: Philip Pfetzing

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Koehler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William Dittmar

(Address): 1941 W. Bretton

15 Filed ..... 19 ..... Registrar

- 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1929 to March 1, 1929

that I last saw h er alive on March 1, 1929

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Myo cardetis

1 week under my care

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) J. B. Osmond, M. D.

19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: March 5 1929

20 UNDERTAKER: Jos Jorgensodon

ADDRESS: 217 S. Paca

Spec.—2-29-28—L. F. S.—500 Bks.

E 43632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43632

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Bertha Streeby

(a) RESIDENCE NO. 918 Ridgely ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 13, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bottle Washer

(b) General nature of industry, business, or establishment in which employed (or employer) Matthews Bros.

(c) Name of employer Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Chas Streeby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Patsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed 3-1-1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/29

17

I HEREBY CERTIFY, That I attended deceased from 2/25, 19 29, to 3/1, 19 29, that I last saw h alive on 3/1, 19 29 and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease.

(duration) Unknown, yrs. mos. ds.

CONTRIBUTORY (Secondary) Unimportant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) F. Schondelmeyer M. D.

3/1, 19 29 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 5 1929
20 UNDERTAKER	ADDRESS
Forsyth & Sons	2173 W. Pra

Spec.--2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43633

CERTIFICATE OF DEATH

74-001

E 43633

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 Scott St, 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Grace Reed

(a) RESIDENCE NO. 345 Scott ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian D. Reed

6 DATE OF BIRTH (month, day, and year): Dec 28 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John P. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Dickerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jesse L. Reed

(Address): 1808 Hanover Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1929

17 I HEREBY CERTIFY, That I attended deceased from May 19 1929 to March 1 1929

that I last saw her alive on March 1 1929

and that death occurred, on the date stated above, at 8-15 m.

The CAUSE OF DEATH* was as follows:

Apoplexy -

CONTRIBUTORY (Secondary) Hemiplegia (duration) yrs. mos. 11 ds.

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M L Friedinger, M.D.

Mar 2 1929 (Address) 682 Mt Ver Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Mar 5 1929

20 UNDERTAKER: Jos Foerders Son — ADDRESS: 2178 E. Pr.

Spec.—2-29-28—1, F. S.—500 Bks.

E 43634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43634

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Green ST.) (WARD) 27-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Walch

(a) RESIDENCE NO. 605 S. Green ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 23 186[illegible]

7 AGE: Years 63 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Andrew Walch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary J. Troelled

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katie Walch

(Address) 605 S. Green st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Mar 2, 1929, that I last saw h[illegible] alive on Mar 2, 1929, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Chr. Interstial Nephritis,

CONTRIBUTORY (Secondary): Myocarditis (duration) 1 yrs. mos. ds. 30 Days

Pulmonary Congestion (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Analysis

(Signed) J M Dalrett, M. D.

Mar 3, 1929 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	March 1929
20 UNDERTAKER	ADDRESS
Fos Foerderer & Son	217 S. Pac

C. HARRISON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43635

CERTIFICATE OF DEATH

31 E 43635

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Homewood Ave. ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis Edward Hanafin

(a) RESIDENCE NO. 1110 Homewood Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Fisher, Hanafin

6 DATE OF BIRTH (month, day, and year) April 26, 872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressman

(b) General nature of industry, business, or establishment in which employed (or employer) Sugar Can Mfg.

(c) Name of employer Tin Decorating Co

9 BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

PARENTS

10 NAME OF FATHER Patrick Hanafin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Anna E. Hanafin
(Address) 1110 Homewood Ave.

15 Filed 3-1929, 19 C. [illegible] JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from 11/6 ~~3-7~~ 1928, to 3/1/29, 19
that I last saw h— alive on 3/1/29, 19
and that death occurred, on the date stated above, at 7.20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Factory About 4 yrs. mos. ds.
(duration) 3/5/27

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? P.E.

(Signed) Bernard J. Terry, M. D.

3/3/ 1929 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	3/5/ 1929
20 UNDERTAKER	ADDRESS
D. E. Vernon Lemmon	501 E 22d St.

Spec.—1-10-21—M&T—1500 Bks.

E 43636 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43636

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Harry Willey

(a) RESIDENCE NO. 1627 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline Willey

6 DATE OF BIRTH (month, day, and year): Dec 15 1870

7 AGE: Years 58 Months 2 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boiler Maker Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Charles Willey 1627 Patapsco

15 3 - 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 - 1 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-27 1929 to 3-1 1929 that I last saw him alive on 3-1 1929 and that death occurred, on the date stated above, at 3 25 P m

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Ericson M. D.

1929 (Address) St Agnes Hosp Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Mar 4 1929

20 UNDERTAKER: A. Howard Evans ADDRESS: Forest

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43637

CERTIFICATE OF DEATH

E 43637

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave. St. 25-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Wishart

(a) RESIDENCE NO. 361 4th St Troy N.Y. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years About 60 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Troy N.Y.

(State or country)

PARENTS

10 NAME OF FATHER John A. Wishart

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N.Y.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.Y.

14 Informant Jenkins Memorial Hospital

(Address) 1000 Caton Avenue

15 Filed 1929 19 Per C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1928 to March 3, 1929, that I last saw her alive on ~~March~~ March 2, 1929, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis + Hypertension

Cerebral Hemorrhage (14 months ago)

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Nicholas M. Borrello M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 3-4-29

20 UNDERTAKER M. Fahey & Sons ADDRESS 1529 W Baltimore

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43638

CERTIFICATE OF DEATH

90 E 43638

1—PLACE OF DEATH

REGISTERED NO. 15-61

CITY OF BALTIMORE: (No. 3020 Garrison Blvd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Franklin

(a) RESIDENCE NO. 3020 Garrison Blvd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas N. Franklin

6 DATE OF BIRTH (month, day, and year): Feb. 16, 1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Deetz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Dr. John N. Franklin
(Address) 3020 Garrison Ave.

15 Filed [illegible], 19[illegible] [illegible] Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28-1929

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929, to Feb. 28, 1929, that I last saw he alive on Feb. 28, 1929 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) F. H. Vinup M. D.

3/1, 1929 (Address) 371 S. Hughes St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	2-4-29
20 UNDERTAKER	ADDRESS
M. Faber & Sons	1877 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 43639

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 43639

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 27-56 WARD)

REGISTERED NO. 11-601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elver Lavine Spies

(a) RESIDENCE NO. 3428 Virginia Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Waller Spies

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE: Years 32 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Laurel, Md.

PARENTS

10 NAME OF FATHER: John Leamon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Laurel, Md.

12 MAIDEN NAME OF MOTHER: Margaret Bradshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs Reynolds (Address)

15 3-1-1929 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Mar 1, 1929, that I last saw her alive on March 1, 1929, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Elizabeth B. Thomas M. D.

3/1, 1929 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3-5-29.

20 UNDERTAKER: M. Fahey & Sons — ADDRESS: 1522 W. North Ave.

FROM is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 43640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43640

CERTIFICATE OF DEATH. + 57 43640

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 906 (Street) Brevard St. (Ward) 11-24

2-FULL NAME Hattie Fisher

(a) RESIDENCE NO. Idlewild Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female 4 COLOR OR RACE: Colored 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Fisher

6 DATE OF BIRTH (month, day, and year): Aug 13, 1877

7 AGE: Years 51 Months 6 Days 18 If LESS than 1 day, hrs. or min. 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wesley Doney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Carrie Holland

(Address) 906 Brevard St

15 Filed , 19 C. HAMILTON JONES, M.D. Registrar

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 3, 1929, that I last saw h alive on March 3, 1929, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows: Chr. Nephritis + Diabetes

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Abcess left hand

(duration) — yrs. — mos. 12 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 3/1/29

Was there an autopsy? no

What test confirmed diagnosis? Phys + chem

(Signed) Chas Miller M. D.

3/3, 1929 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Locust Chapel Cem DATE OF BURIAL: Mar. 7 1929

20 UNDERTAKER: Easton Sons ADDRESS: Elliott City

IMPORTANT: See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43641

1-PLACE OF DEATH West Baltimore General 101-001 REGISTERED NO. 525

CITY OF BALTIMORE: (NO. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank Vanhorn

(a) RESIDENCE NO. 3711 Kate ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 0.30

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer Cleveland Dairy

9 BIRTHPLACE (city or town) (State or country) Mc Connels, Ohio

PARENTS

10 NAME OF FATHER William B. Vanhorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Alice Alexandra

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs Hanna Vanhorn (Address) 3711 Kate Ave

15 Filed MAR 4 - 1929 C. HARRISON JONES, Registrar By [illegible] Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929, to March 3, 1929, that I last saw him alive on March 3, 1929 and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Benj. Sanborn, M. D.

3/3, 1929 (Address) West Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fayetteville Arkansas	March 3, 1929

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—1-10-21—M&T—1500 Bks.

E 43642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43642

CERTIFICATE OF DEATH.

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2514 Annah Ave ST., 16-68 WARD)

2-FULL NAME George Bender

(a) RESIDENCE NO. 2514 Annah Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Bender

6 DATE OF BIRTH (month, day, and year): Jan 14 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

000

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Christian Bender

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Eliz Bender

(Address) 2514 Annah ave

15 Filed 4-1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 8, 1929, to Feby 28, 1929.

that I last saw her alive on Feby 28, 1929.

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin. exam

(Signed) Frank E. Wagner M. D.

2, 1929 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorain — DATE OF BURIAL: 3-4 1929

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 2327 Edmondson ave

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 43643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 43643

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Leadenhall ST. 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Virginia Boydale

(a) RESIDENCE NO. 1017 Leadenhall ST. 22 WARD

(Usual place of abode)

length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1926

7 AGE	Years	Months	Days 24	If LESS than 1 day, hrs. or min.
	2	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ddd

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Andrew Boydale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Va.

12 MAIDEN NAME OF MOTHER Annie Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Andrew Boydale
(Address) 1017 Leadenhall St.

15 Filed 4-1929 19 C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/ 1929

17

I HEREBY CERTIFY, That I attended deceased from 2/27/ 1929, to 3/2/ 1929,

that I last saw her alive on 3/2/ 1929,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema & Cardiac Dilatation

(duration) yrs. mos / ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical & History

(Signed) M. Zinn Brodnax, M. D.

19 (Address) 729 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL March 4 1929

20 UNDERTAKER L & S Brown & Son — ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

Harmes

E 43644

HEALTH DEPARTMENT—CITY OF BALTIMORE

.66

E 43644

CERTIFICATE OF DEATH

1-PLACE OF DEATH 11 yr South of Balto St. Beginning at Broadway

City of BALTIMORE: (No. 2 Wiesenfeld Ct St., 7-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Shearmes

(a) RESIDENCE NO. 2 Wiesenfeld Ct. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 18, 1892

7 AGE: Years 36 Months 4 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER Harry Shearmes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Rachel Berry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co

14 Informant Rachel Shearmes

(Address) Reisterstown Md.

15 Filed 4-1929 By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: acute alcoholism 1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

. 19 (Address) 700 E Lane Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinney Grove Cemetery Date of Burial: Mar 9 1929

20 UNDERTAKER Balto Co Md ADDRESS J F Ellis Reisterstown Md

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 43645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 43645

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) West Balto. St. Hosp. ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Maher

(a) RESIDENCE No. 1353 Sergeant ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9- 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	30	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm G. Maher

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm G Maher

(Address) 1353 Sergeant St

15 Filed 4-1929 19 HARRY JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22 1929, to Mar. 2 1929, that I last saw h alive on March 2 1929 and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Bichloride poisoning

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Was operation precede death? Yes Date of Feb 23

Was there an autopsy? No Complication of Kidneys

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Benj. Sarubin, M. D.

3/2, 1929 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Mrs Mary Maher of 1353 Sergeant St died in the West Balto. Gen. Hosp. on March 2nd 1929 of Bichloride poisoning. Acute Nephritis was a contributory cause of death. Mrs Maher was admitted to the West Balto. Gen. Hosp. on Feb. 22nd 1929 and died on March 2nd 1929. Dr. Benj. Sarubin was her attending physician.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newcathedral Cem

DATE OF BURIAL Mar 5th 1929

20 UNDERTAKER Robert Brookseem

ADDRESS Calhoun Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

E 43646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32

E 43646

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S Milton Ave ST., 13 WARD)

2—FULL NAME Edward Chmiel

(a) RESIDENCE NO. 605 S Milton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Chmiel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Nelie Dul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Nelie Chmiel

(Address) 605 S Milton Ave

MAR 4 - 1929 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 19 29 to Mar 2 19 29

that I last saw him alive on March 2 19 29

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

I Tuberculous Meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Perfusion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reamer M. D.

(Address) 39 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 4 1929
20 UNDERTAKER	ADDRESS
John M Weber	701 E Chester

Cor.—12-9-25—A Co.—200 Bks.

E 43647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 43647

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hosp. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Benton

(a) RESIDENCE NO. 705 Cumberland St. Ward Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897 Sept 15

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	31	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk Va

(State or country)

PARENTS

10 NAME OF FATHER Joe Benton

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Armecia Godfrey

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Louisa Walton

(Address) Norfolk Va

Filed MAR 4 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis Interstitial Keratitis (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

Signed H. E. Slack M. D. (Coroner)

Mar 29 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Mch 4th 29

20 UNDERTAKER E C Jones ADDRESS 111 Selden

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 43648

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1934 Harlem Ave (Street) 46-27 (WARD)

2—FULL NAME Charles Ditzel

(a) RESIDENCE NO. 1934 Harlem Ave (Usual place of abode) (Street) WARD

Length of residence in city or town where death occurred 8 yrs. 6 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 24th 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Louis Ditzel

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Elsie C Troefe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Elsie Ditzel (Address) 1934 Harlem Ave

15 Filed 4-1929 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 1929 to March 1 1929

that I last saw him alive on February 25 1929

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings - Phys. Signs

(Signed) Gustus I. Taggart M. D.

. 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Mar 4 19 29

20 UNDERTAKER J. C. Wright — ADDRESS 853 N Eutaw St

Spec.—1-12-23—M&T—500 Blks.

E 43649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 43649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Annapolis Ave (St.) 25-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Imengers

(a) RESIDENCE No. 2215 Annapolis Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara M. Imengers

6 DATE OF BIRTH (month, day, and year) August 4 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Worker

(b) General nature of industry, business, or establishment in which employed (or employer) No Inquest Held

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

PARENTS

10 NAME OF FATHER Henry Imengers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Clara M. Imengers

(Address) 2215 Annapolis Ave.

15 Filed 4 1929 C. H. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1927

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1927, to March 2, 1927,

that I last saw him alive on March 2, 1927,

and that death occurred, on the date stated above, at 2:10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 hours

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Treatise & pupils

(Signed) Raymond S. Dean, M. D.

(Address) Lutherland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 5 1929

20 UNDERTAKER Josiah Lefler ADDRESS Howard and Pratt

Spec.—2-29-28—L. F. S.—500 Bks.

E 43650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 100-001 E 43650

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred Joseph Roeder.

(a) RESIDENCE NO. 44 Garnet Ave ST., Balto Co. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Jan. 31/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Carroll R. Roeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna M. Humberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carroll R. Roeder

(Address) 44 Garnet Ave

15 Filed 4-1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29.

17

I HEREBY CERTIFY, That I attended deceased from 2/25/29, 19, to 3/2/29, 19,

that I last saw h.f. alive on 3/2/29, 19

and that death occurred, on the date stated above, at 10 4° P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? St. Joseph's Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmer, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL March 4 1929

20 UNDERTAKER L. J. Ruck

ADDRESS 6405 Belair Rd

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43651

CERTIFICATE OF DEATH.

E 43651

1-PLACE OF DEATH

Registered No. 129

City of BALTIMORE: (No. 305. S. Bond St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Kuc

(a) Residence No. 309. S. Bond. St. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE 78 about yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Poland

PARENTS

10-NAME OF FATHER, — Bernadzikoski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Unknown

14- (Informant) Adam Kuc

(Address) 305 S. Bond St.

15- Filed 3-4-1929 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1-1929

17- I HEREBY CERTIFY, That I attended deceased from Dec 1928 to March 1 1929 that I last saw h[illegible] alive on 1 1 1929 and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Vascular Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Gangrene of lower Limbs

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted — If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Freeman M. D.

3/3 1929 (Address) 918 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 3/6 1929

20-UNDERTAKER Wm. G. Fraesforst & Sons

ADDRESS Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43652
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31

E 43652
Registered No.

City of BALTIMORE: (No. 1738. E Lombard St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Bochenski

(a) Residence No. 1738. E. Lombard St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jadwiga. Bochenski

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 59 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Jack. Bochenski

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Jadwiga Patro

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Poland

14-
(Informant) Jadwiga. Bochenski
(Address) 1738. E. Lombard.

15-
Filed APR 4 - 1929 Harrison Jones, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 2, 1929

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1929 to March 2 1929 that I last saw h— alive on March 2 1929 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
Chronic Pulmonary T.B.
Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kuszewski M. D.
3/3 1929 (Address) 75 79 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	3/6 1929
UNDERTAKER.	ADDRESS
William Fiaszewski	1618 Eastern Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43653

CERTIFICATE OF DEATH.

E 43653

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Barnes

(a) RESIDENCE NO. 1904 E. Eager ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/8/06

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 . 1929 . to March 2 . 1929.

that I last saw him alive on March 2 . 1929.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pneumococcus pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray and autopsy

(Signed) James Bordley, M. D.

Mar. 3 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mahanoy Va DATE OF BURIAL Mar. 4, 1929

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1416 Eastlake

Be very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

222857

E 43654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43654

REGISTERED NO. 15-58-57

1—PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ ST. ____ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Diamondstein

(a) RESIDENCE NO. 2612 Park Hgts Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Diamondstein

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lewis Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sophie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to March 3, 1929, that I last saw h[illegible] alive on March 3, 1929 and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Diabetis Mellitus
Pernicious vomiting
Pneumonia (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tony

(Signed) Cyril Bowings, M. D.

3/3, 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga — DATE OF BURIAL 3/4 1929

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43655

CERTIFICATE OF DEATH

101-001 Davis

E 43655

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Springdale ST., 26-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Willie Ewell Davis

(a) RESIDENCE NO. 4408 Springdale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 7 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 1867

7 AGE: Years 62 | Months | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager 5 & 10

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Henry Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fauquier Co Virginia

12 MAIDEN NAME OF MOTHER Cordelia Lomax

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant [redacted] Davis

(Address) 4408 Springdale Ave

15 Filed APR 4 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25/29, 19..., to March 3, 1929, that I last saw him alive on March 3, 1929 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
+ myocarditis

(duration) yrs mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duratinn) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hall & Tubbett, M. D.

March 4-29, 19... (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 5 1929
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—12-9-25—A Co.—200 Bks.

E 43656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 43656

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. 126 N Broadway St., 69 Ward)

2-FULL NAME JAN EITING Baby Boy Burnett

(a) RESIDENCE NO. Riderwood Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2, 1929

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas D. Burnett

11 BIRTHPLACE OF FATHER (city or town) Brooklyn

(State or country) New York

12 MAIDEN NAME OF MOTHER Florence Sulli

13 BIRTHPLACE OF MOTHER (city or town) Van Bibber

(State or country) Maryland

14 Informant Mrs. Douglass Burnett

(Address) Riderwood, Md.

15 Filed APR 4 - 1929 M. Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1929, to Mar 3, 1929, that I last saw him alive on Mar 3, 1929, and that death occurred, on the date stated above, at 8 35 P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan B. Peters, M. D.

Mar 3, 1929 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Mar 5 1929

20 UNDERTAKER Reid Cook ADDRESS 1003 West Baltimore St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 43657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ E 43657

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Harry Hall.

(a) RESIDENCE No. 102 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6 DATE OF BIRTH (month, day, and year) May 16, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman. ptb

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Water Department

9 BIRTHPLACE (city or town) (State or country) Middletown Delaware.

PARENTS

10 NAME OF FATHER Clinton R. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland. (Unknown)

12 MAIDEN NAME OF MOTHER Debora Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed APR 4 - 1929 H. A. Kelly Jones, M. D. Registrar

Rel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 3, 1929, that I last saw him alive on March 3, 1929 and that death occurred, on the date stated above, at 9:30 am

The CAUSE OF DEATH* was as follows:

Cardio-Renal-Vascular Disease - Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benjamin Goodhart, M. D.

3/3, 1929 (Address) West Balto. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown, Delaware

DATE OF BURIAL Mar. 4 1929

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43658

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 3508 Clifton ST., 15-61 WARD)

2—FULL NAME Charles Adam Erwin

(a) RESIDENCE NO. 3508 Clifton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
BUSBAND of (or) WIFE of: Pearl Erwin

6 DATE OF BIRTH (month, day, and year): May 22-1866

7 AGE: Years 63 (62) | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min. 11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer: Mears & Kunz Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Samuel McSherry Erwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Pearl Erwin
(Address) 3508 Clifton

15 Filed ... 1929 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/25/29, 19 ..., to Mar 2, 1929 that I last saw h... alive on Mond. 2/25/29 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Gross M. D.

2/3, 1929 (Address) 622 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Mch 4 1929

20 UNDERTAKER: Wm. H. Rickman Son — ADDRESS: Norther

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43659

CERTIFICATE OF DEATH.

9E 43659

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3817 Dalrymple Ave ST. 15-65 WARD

2-FULL NAME Annie R. Clendenin

(a) RESIDENCE NO. 3817 Dalrymple ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs — mos — ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Clendenin

6 DATE OF BIRTH (month, day, and year) July 11, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkton, Md

PARENTS

10 NAME OF FATHER John B. Rowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Sadie C. Shinnick

(Address) 3817 Dalrymple Ave

15 Filed 4-1929 19 H. [illegible] JONES, M. D. Registrar

BY [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to 3/2, 1929, that I last saw h alive on 3/1, 1929, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs mos 1/2 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis & Myocardial degeneration (duration) 5 yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E Fahrenkamp, M. D.

3/3, 1929 (Address) 2006 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 3/6 1929

20 UNDERTAKER H. O'Donnell & Son — ADDRESS 805 N. Eutaw St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43660

CERTIFICATE OF DEATH

74-001 E 43660

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1704 Parker Place St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen B. Johnson

(a) RESIDENCE NO. 1704 Parker Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	56	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer and Preacher

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Annarundel Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Henry Johnson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Hopkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Wm H Johnson

(Address) 1904 3rd St Washington D.C.

15 Filed MAR 4 - 1929 Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-1929

17 I HEREBY CERTIFY, That I attended deceased from 2-28-, 1929, to 3-2-, 1929,

that I last saw him alive on 3-2-, 1929,

and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Unknown

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Francis Saunders, M. D.

3-2-1929 (Address) 1024 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 3/6 29.

20 UNDERTAKER Clarence Ulrich ADDRESS 3648 Reisterstown Rd

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

E 43661 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 43661

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Glyndon Ave. ST. 21-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Franke

(a) RESIDENCE NO. 1215 Glyndon Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Franke

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Herman Nolte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frederick W. Franke

(Address) 1215 Glyndon Ave.

Filed MAR 4 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2/1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to Mar [redacted], 1929

that I last saw h[redacted] alive on Mar [redacted], 1929

and that death occurred, on the date stated above, at 6-00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 7 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. R. Cruickshank M. D.

3/2, 1929 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL March 4/29

20 UNDERTAKER Harry N. Withe

ADDRESS 53 N. Fulton Av

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43662

CERTIFICATE OF DEATH.

177 E 43662

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St. 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Saivin

(a) RESIDENCE No. 433 S. Parrish ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 48 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electric Welder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y

14 Informant: Friends

(Address)

15 Filed MAR 2 1929 C. Hamilton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1929

17

I HEREBY CERTIFY, That I attended deceased from 4-14, 1928, to 2-11, 1929.

that I last saw him alive on 2-11, 1929.

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Poisoning Methyl (wood) Alcohol

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laws

Both found on person of deceased

(Signed) ..... M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAR 1 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43663

CERTIFICATE OF DEATH

38

E 43663

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 1631

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adeline Hollis

(a) RESIDENCE NO. None ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE 54 Years | Months | Days | If LESS than 1 day, hrs. or min.

55

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records of

(Address) BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND

15 Filed 19 [illegible] Registrar

RA-15324 RMK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928 to 2-27, 1929.

that I last saw h[illegible] alive on 2-27, 1929

and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension - Chronic

Myocarditis

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY ? Chr. Bronchitis - Emphysema

(Secondary) ? Syphilis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND | DATE OF BURIAL 19

20 UNDERTAKER Com. Health. | ADDRESS MAR 4 - 1929

Per. Wm. F. WOODALL

Spec.—1-12-23—MAT—500 Blks.

Brandt. Bennt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43664

CERTIFICATE OF DEATH.

E 43664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] St. 25 Ward)

2-FULL NAME Fred Bennt (Brandt)

(a) RESIDENCE No. 60 W. Saratoga St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Fred —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address) Patient Brother BALTIMORE CITY [redacted]

15 Filed [redacted] 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-23 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-23, 1929, that I last saw h in alive on 2-23, 1929, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows: Abscess of Lung, left

CONTRIBUTORY (Secondary) Peritonsillar Abscess (duration) yrs. 1 mos. 7 ds.

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-13-29

Was there an autopsy? No

What test confirmed diagnosis? Physical & X-Ray

(Signed) [illegible] M.D.

BALTIMORE CITY [redacted] HOSPITALS

*State the [redacted] deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: 3-28-29, 19

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

[illegible], M. D.

Registrar

Department of Health.

[illegible]

[illegible]

[illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43665

CERTIFICATE OF DEATH.

167-001

E 43665

1-PLACE OF DEATH

City of BALTIMORE: (No. S. N. Carey St. 16-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas W Shipley

(a) RESIDENCE NO. S N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah K Shipley

6 DATE OF BIRTH (month, day, and year) Aug 17-1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	69	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B & O. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W. Va

PARENTS

10 NAME OF FATHER Perry Shipley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W Va

12 MAIDEN NAME OF MOTHER Sarah Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W Va

14 Informant Mrs. Sarah K. Shipley

(Address) S N. Carey St.

Filed ..... G. Hammill Jones, M. D. Registrar

AR 4 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Anaemia.

Gas Asphyxiation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas W Brooke M. D.

(Coroner) Sw Bmo

3/2, 1929 (Address) Boundbyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy. Date of Burial March 5 1929

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 43666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 L

E 43666

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 131 S. Caroline St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Jones

(a) RESIDENCE NO. 131 S. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Stanley Jones

6 DATE OF BIRTH (month, day, and year): March 28/1894

7 AGE — Years: 34 Months: 11 Days: 5 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: not known

9 BIRTHPLACE (city or town): Prince Georges Co

(State or country): Md.

PARENTS

10 NAME OF FATHER: Chas Diggs

11 BIRTHPLACE OF FATHER (City or town): Prince Georges Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Colbert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Prince Georges Co Md

14 Informant: Lucy Diggs

(Address): 131 S. Caroline St

15 Filed MAR 4 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3/1929.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Mar 3, 1929, that I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency

(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard L. Essinger, M. D.

19 (Address) 1514 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cem. Date of Burial: Mar 6 1929

UNDERTAKER: Chas. H. Johnson ADDRESS: 116 N. Caroline St.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 43667

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 St Paul ST. 11-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josias Pennington

(a) RESIDENCE NO. 1119 St Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Margaret Riggs Pennington

6 DATE OF BIRTH (month, day, and year) Jan 24 1854

7 AGE — Years: 75 | Months: 1 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architect

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth Taylor Winder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md

14 Informant: Planet Pennington

(Address) 1119 St Paul St

15 Filed 4-1929, G. HAMPSON JONES, M. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from October 10th, 1929, to March 3rd, 1929, that I last saw h.. alive on March 3rd, 1929, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

Fracture of femur (duration) — yrs. 1 mos. — ds.

(over)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X-ray Studies - Post-mortem not obtained

(Signed) Thomas B. Futcher, M. D.

Mar 4, 1929 (Address) 1201 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Cod was affected.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: March 6 1929

UNDERTAKER: Henry Meinkin & Sons

ADDRESS: Orleans & Eutaw Sts

Spec.—1-10-21—M&T—1500 Bks.

(Terry)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43668

E 43668

CERTIFICATE OF DEATH.

161-04

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 Pebble Court (St.) 18-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Terry.

(a) RESIDENCE NO. 821 Pebble Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/2/27

7 AGE — Years | Months | Days | If LESS than 1 day, 9 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt. Md.
(State or country)

PARENTS

10 NAME OF FATHER George Terry.

11 BIRTHPLACE OF FATHER (city or town) Avon City
(State or country) Virg

12 MAIDEN NAME OF MOTHER Estelle Robinson

13 BIRTHPLACE OF MOTHER (city or town) Botetourt County
(State or country) Virg

14 Informant
(Address)

15 Filed 4-1929 Dep. 3330 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1927

17 I HEREBY CERTIFY, That I attended deceased from 5:10 AM 3/2/27, 19 , to 5:10 AM 3/2/27, 19 ,

that I last saw him alive on 3/2, 19 27

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (30 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Postmortem findings

(Signed) [illegible], M. D.

3/4, 1927 (Address) Municipality Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

MAR 4 - 1929

TION IS VERY IMPORTANT. See instructions on back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

220 E 43669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 71-001 E 43669

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Harper

(a) RESIDENCE NO. Aberdeen Md ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/24/28

7 AGE — Years | Months 3 4 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER Isabel Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3-4-1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928 to March 5, 1929, that I last saw him alive on March 3, 1929 and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumococcic Pyarthrosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan 8, 1929

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) David M. Cline M. D.

3/4, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md — DATE OF BURIAL March 6 1929

20 UNDERTAKER Henry Tanning & Son — ADDRESS Aberdeen Md

Spec.—12-9-25—A Co.—200 Bks.

E 43670

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E 43670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Church Home & Infirmary REGISTERED NO.

City of BALTIMORE: (No. St. Dist. (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Miss Madeline Magdalena Windisch.

(a) RESIDENCE NO. 1615 Bowleys Lane St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 25th 1911

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dresser 080

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing establishment

(c) Name of employer L. Greif & Bro.

9 BIRTHPLACE (city or town) Balto.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Reinhardt Windisch

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Paula Pernott

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) France

14 Informant Mrs. Elizabeth Langenfelder

(Address) 1615 Bowleys Lane

Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to March 3, 1929, that I last saw h.e. alive on March 3, 1929, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis media.

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Pneumococcal meningitis.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 16, 1929

Was there an autopsy? yes.

What test confirmed diagnosis Culture spinal fluid.

(Signed) Fred R. Landon, M. D.

, 19 (Address) The Church Home & Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Lutheran Cemetery Date of Burial March 6 1929

20 UNDERTAKER Frederick Lessner & Sons ADDRESS Pikesville

very important. See instructions on back of certificates.

90 E. 43671

E 43671

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

1 PLACE OF DEATH
County Baltimore
E 43671
Village or City Baltimore (No. 25 W. North Ave. St. / Ward) 13-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Christine Eschmann

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: January (Month) 7 (Day) 1860. (Year)

7 AGE: 69 yrs. 1 mos. 24 ds. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer)

PARENTS

9 BIRTHPLACE (State or country) Virginia

10 NAME OF FATHER Anders Eschmann

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Leutbacher

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Mary E. Eschmann
(Address) 25 W. North Ave.

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 2 (Month) (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feby 1 1929 to March 2, 1929, that I last saw her alive on March 2, 1929, and that death occurred on the date stated above, at 10 A m.

The CAUSE OF DEATH * was as follows:

Myocardial insufficiency

(Duration) years mos ds.

Contributory / Secondary Arteriosclerosis

(Duration) unknown yrs. mos ds.

(Signed) [illegible] M. D.

3/2 1929 (Address) 243 N Charles St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 15 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cheltenham, Md — DATE OF BURIAL: Mar 5, 1929

20 UNDERTAKER: H. B. Nevins — ADDRESS: Mash. E. C.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43672

CERTIFICATE OF DEATH.

124 E 43672

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) German Aged Home Baltimore & Payson Sts (Ward) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amalie Kramer

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Kramer

6 DATE OF BIRTH (month, day, and year) ~~March 4, 1929~~ Sept 19 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	88	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lindan

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Siebert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Berkefeld

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Records of German Aged Home

(Address) Baltimore & Payson Sts.

15 Mar 6 1929 C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1927, to March 4, 1929, that I last saw h~~e~~r alive on March 3rd, 1929, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hough, M. D.

3/6, 1929 (Address) 1843 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fifth German Reformed Cemetery Date of Burial Mar. 6 29

20 UNDERTAKER Stahl & Co. ADDRESS 1003 West Baltimore St

very important. See instructions on back of certificates.

4 - 1929

Cor.—10-10-29—A Co.—100 Bks.

E 43673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43673

CERTIFICATE OF DEATH

100-09

1-PLACE OF DEATH

City of Baltimore: (No. En route to University Hospital St.,

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shirley D. Hood

(a) RESIDENCE NO. 2210 Christian St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28-1928

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Sherman Hood

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Wentworth

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Sherman Hood.
(Address) 2210 Christian Ave

15 Filed 4 - 1929 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 - 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zell M. D.

3/4. 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	March 6 29
20 UNDERTAKER	ADDRESS
Thanhouser & Son	2615 Elm

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. E 43674

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33 rd ST. 12-44 WARD)

2—FULL NAME Joshua N. Miles

(a) RESIDENCE NO. Princess Ann Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 28 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Rider Miles

6 DATE OF BIRTH (month, day, and year) Dec 9 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer 042

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Princess Ann, Md

PARENTS

10 NAME OF FATHER Southy T. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Christian Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records

(Address)

15 Filed 4-1929 G. HAMPSON JONES, M. D. Registrar

Per A.P.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Mar 4, 1929, that I last saw h alive on Mar 4 1929 and that death occurred, on the date stated above, at 11 55 a. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

about (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Princess Ann, Md.

Did an operation precede death? Yes Date of 1/16/29

Was there an autopsy? Yes.

What test confirmed diagnosis? Gross Pathology

(Signed) A C Thompson, M. D.

Mar 4, 1929 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Ann Md. DATE OF BURIAL March 19 29

20 UNDERTAKER Harry N. Witzke, 153 W. Lombard St.

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 43675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43675

CERTIFICATE OF DEATH

REGISTERED NO. 27-55

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6208 Reisterstown Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph W. Nuth

(a) RESIDENCE NO. 6208 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Nuth (nee Potts)

6 DATE OF BIRTH (month, day, and year) May 15, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	15 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frank Nuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Jane Nuth

(Address) 6208 Reisterstown Rd.

15 Filed 4-1929, 19 CARLTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2-1929

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1929, to March 2, 1929, that I last saw him alive on March 2, 1929 and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis - (from Impacted Teeth) 8 Y

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis (Immediate)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry A. Naylor, M. D.

Mar 3, 1929 (Address) Pikesville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Charles Cem. Pikesville	Mch. 6 1929
20 UNDERTAKER	ADDRESS
Henry V. Wagle	53 Hamburg St

Cor.—10-10-29—A Co.—100 Bks.

(Echairdia)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43676

CERTIFICATE OF DEATH

E 43676

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 716 S Broadway St., 1-4 Ward)

2-FULL NAME Asisco Echaudia

(a) RESIDENCE NO. 716 S Broadway St., Ward Spain

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
54	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tiler
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Carolina
(c) Name of employer S. S. Co.

9 BIRTHPLACE (city or town)
(State or country) Spain

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Spain

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Spain

14 Informant J. Sarquidy
(Address) 716 S. Broadway

15 Filed 6 19 [illegible], Registrar

4-1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Y. Slade M. D.

3-1 19 (Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	3/6 1929

20 UNDERTAKER P. J. Fanning Inc - 1938 E. Lafayette ADDRESS

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43677

CERTIFICATE OF DEATH.

74-004

E 43677

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST., 7-13 WARD)

2-FULL NAME Caroline Darnenburg

(a) RESIDENCE NO. Sinai Hosp. Old Folks Home ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Baltimore ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Darnenburg

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Philip Sacks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Levi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Sacks
(Address) 2109 Linden Ave

15 Filed 4-1929 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1929

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1928, to 3/4, 1929, that I last saw h[illegible] alive on 3/4, 1929, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 3 hours.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Exam. Spinal Puncture

(Signed) A. F. Stein, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Heb. Cem. DATE OF BURIAL 3/6/1929

20 UNDERTAKER David Sondheim ADDRESS 108-20 W. Mt. Royal

Spec.—1-12-23—M&T—500 Bks.

E 43678

HEALTH DEPARTMENT—CITY OF BALTIMORE

74002

E 43678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. (St.) 13-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna J. Burgunder

(a) RESIDENCE NO. Eglantine Apts. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Simon D. Burgunder

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbus, Ohio

PARENTS

10 NAME OF FATHER Jacob Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Wechsler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. B. J. Burgunder

(Address) Eglantine Gate

15 Filed 4-1929 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/7, 1929, to 3/3, 1929, that I last saw her alive on 3/3, 1929 and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Physical Exam.

(Signed) A. A. Silver, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bnai B. Hebrew Cem. DATE OF BURIAL 3/5/1929

20 UNDERTAKER Hurd Sondheim ADDRESS 118 20 W Mt. Royal Ave

Cor.—10-10-29—A Co.—100 Bks.

E 43679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188-103

E 43679

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St., 1623 Ward)

2-FULL NAME Emanuel Fray

(a) RESIDENCE NO. 701 N. Carey St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13-1910

7 AGE: Years 9 | Months 1 | Days 6 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Helper on truck
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: Calvert Co

9 BIRTHPLACE (city or town) Calvert Co Md
(State or country)

PARENTS

10 NAME OF FATHER John Fray

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Md

12 MAIDEN NAME OF MOTHER Julia Dixon

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or country) Md

14 Informant Julia Fray
(Address) 701 N. Carey St

15 Filed Mar 5 1929 C. HARRISON JONES, M.D. Registrar

BY akd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Pelvis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Run over by Auto truck

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greensprings & Belgrade Rds

Did an operation precede death? No Date of

Was there an autopsy? Inquest

What test confirmed diagnosis? Regular

(Signed) Alex Leach, M. D.

Mar 5 1929 (Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooks Chapel	3-5 1929
20 UNDERTAKER Calvert Co Md	ADDRESS 1027
John H. Trodden	Round Hill

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43680

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 16-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah V. Jackson

(a) RESIDENCE NO. 1119 71 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1913

7 AGE: 16 Years 15 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Herman J. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Herman Jackson

(Address): 1119 Calhoun St

15 Filed ..... 19 ..... Per ..... Registrar

C. EARLESON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to Mar 4, 1929, that I last saw her alive on Mar 4, 1929, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows: Intercalar Meningitis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ? yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Bernard Sachs, M. D.

3/4, 1929, (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 3-7 1929

20 UNDERTAKER: John H. Toadvine — ADDRESS: 1022 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

E 43681

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43681

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3-E-33rd ST. (or WARD) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ed Allen Buel Jr

(a) RESIDENCE NO. 3-E-33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 14 ds. How long in U. S., if foreign birth? 0 yrs. 3 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov-17-1928

7 AGE — Years: 0 | Months: 3 | Days: 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Ed Allen Buel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Springfield Ohio

12 MAIDEN NAME OF MOTHER: Viola M. Jarbeau

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cedar Point Maryland

14 Informant: Mr Ed Allen Buel (Father)

(Address) 3-E-33-St.

15 Filed 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2-1929

17 I HEREBY CERTIFY, That I attended deceased from January, 1929, to Mar 2, 1929, that I last saw h[illegible] alive on Mar 2, 1929, and that death occurred, on the date stated above, at 10.15 P.M.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Cusick, M. D.

March 4, 1929 (Address) 11 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Mar 5 1929

UNDERTAKER: Stewart & Conuto — ADDRESS: Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 43682

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43682

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 4-75 (WARD) .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Wilson

(a) RESIDENCE NO. 662 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johnson

6 DATE OF BIRTH (month, day, and year) March 1 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bills papers

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Caroline Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Patients Hosp

(Address) .....

15 ..... 19 C. HARRISON JONES, M. D.

Registrar

1929 Pat ok

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-29

17 I HEREBY CERTIFY, That I attended deceased from 3-1 1929, to 3-3 1929

that I last saw him alive on 3-3 1929

and that death occurred, on the date stated above, at 2:15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Sepsis

CONTRIBUTORY (Secondary) Senility (duration) unknown yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) H. W. Hack, M. D.

....., 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	3/5 19 29
20 UNDERTAKER Wilson Cook	ADDRESS 1217 E Pratt St

Spec.–7-17-26—A Co.—200 Bks.

E 43683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43683

CERTIFICATE OF DEATH

122-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 23-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Plitt

(a) RESIDENCE NO. 1022 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia M. Plitt

6 DATE OF BIRTH (month, day, and year) Dec 21st 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Livery Stable Business

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER August Plitt

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Minnie Schneegen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Sophia Plitt

(Address) 1022 Hanover St

15 Filed MAR 5 - 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29 19

17 I HEREBY CERTIFY, That I attended deceased from 2/9/29, 19..., to 3/1/29, 19..., that I last saw him alive on 3/1/29, 19..., and that death occurred, on the date stated above, at 6 A 55 m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

Unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F S Wentzel, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

Date of Burial Mch 5 1929

20 UNDERTAKER Eschlemann & Son

ADDRESS 1039 Baltimore

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43684

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Eutaw ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington

(a) RESIDENCE NO. 215 S. Eutaw ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Washington

6 DATE OF BIRTH (month, day, and year): Jan 10, 1879

7 AGE: Years 50 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs Blanche Wilson

(Address) 215 S Eutaw St.

15 Filed . 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 20 . 1929 . to Mar 2 . 1929.

that I last saw him alive on Mar 2 . 1929.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

3/3, 1929 (Address) 1738 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Peter Burg Va

UNDERTAKER: Walter B. Springs

DATE OF BURIAL: 3/5 1929

ADDRESS: 159 W Hamburg St.

Cor.—12-9-25—A Co.—200 Bks.

Clara E Knop

E 43685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 E 43685

I-PLACE OF DEATH

City of BALTIMORE: (No. Bay View City Hospitals St. 12-5-0 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara E Knop.

(a) RESIDENCE NO. 413 E 24th St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Knop

6 DATE OF BIRTH (month, day, and year) Sept 21 1903

7 AGE: Years 25 Months 5 Days 9 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory worker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Harford Co.

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co

12 MAIDEN NAME OF MOTHER Bertha Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt City

14 Informant Bertha Jones

(Address) 413 E 24th St City

15 Filed APR 5 1929 HARRISON JONES, M. D. Registrar

By BHS.

CORONER'S CERTIFICATE OF DEATH 2

16 DATE OF DEATH (month, day, and year) March 2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Subacute pulmonary tuberculosis

incomplete abortion

not criminal

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

(duration) ....yrs. ....mos. 18 ds.

(Signed) James M Butler M. D.

(Coroner)

3 4 1929 (Address) Tower Chambers

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Bay View Hos yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 413 E 24 St

Former or usual residence " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Mar 5 1929

20 UNDERTAKER Jesse R. Redden ADDRESS 436 N. Biddle St.

PARENTS

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43686

1—PLACE OF DEATH

REGISTERED NO. 1724

CITY OF BALTIMORE: (No. [redacted] ST., [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Plowden

(a) RESIDENCE NO. 1137 No Ettings ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records of

(Address)

Filed MAR 5 - 1929, 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-29

17 I HEREBY CERTIFY, That I attended deceased from 2-23-, 1929, to 3-2, 1929

that I last saw him alive on 3-2, 1929

and that death occurred, on the date stated above, at 1045 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, right

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Old Cerebral Hemorrhage. Hypertension (?) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Hurt, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3-5 1929
20 UNDERTAKER David Eaton	ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43687 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 43687

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 869 Watts ST., 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Brown

(a) RESIDENCE NO. 869 Watts ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brown

6 DATE OF BIRTH (month, day, and year) Feby 12 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Martha Brown
(Address) 869 Watts St

15 Filed ..., 19 ... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3/29

17 I HEREBY CERTIFY, That I attended deceased from Feby 12, 1929, to Mar 3, 1929, that I last saw him alive on Mar 3, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza (duration) yrs mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettelon, M. D.

, 19 (Address) 817 Hanover Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-5 1929

20 UNDERTAKER Daniel Easton & Co ADDRESS 946

Spec.—2-29-28—L. F. S.—500 Blks.

E 43688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43688

CERTIFICATE OF DEATH

× 129

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 306 N. Arlington Ave (WARD) 16

2—FULL NAME Edward Williams

(a) RESIDENCE NO. 306 N. Arlington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Williams

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE — Years: 59 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Chesterfield Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Gene Johnson

(Address) 306 N. Arlington Ave

15 Filed MAY 5 - 1929 19 Per C. FRANKLIN JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 / 29

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 19 29, to May 2, 19 29,

that I last saw him alive on May 2, 19 29

and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4

Did an operation precede death? — Date of 4

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) P. H. Haletn, M. D.

5/4, 19 29 (Address) 1205 Pe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 5, 29

20 UNDERTAKER: Jas. H. Chase Son — ADDRESS: 1400 Myrtle

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43689 100-901 E 43689

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2224 Boston st. ST. 1-3 WARD)

2—FULL NAME Zofia Chrzanowski.

(a) RESIDENCE NO. 2224 Boston st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23-1928

7 AGE — Years | Months: 8 | Days: 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant. 800

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

10 NAME OF FATHER John Chrzanowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER Zofia Bunzkowski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: John Chrzanowski.
(Address) 2224 Boston st.

15 Filed ....., 19.... H... Registrar

1928 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4-29

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929 to March 4. 1929.

that I last saw her alive on March 4. 1929

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & D.

(Signed) John V. Zagrobelni, M. D.

19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	March 6 1928.
20 UNDERTAKER	ADDRESS
George a. Weber	705 S. Ann st.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43690

CERTIFICATE OF DEATH

57

E 43690

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 5-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Cooper or Kupec

(a) RESIDENCE NO. 1700 N Castle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced (or) WIFE of: John Cooper

6 DATE OF BIRTH (month, day, and year): July 1882

7 AGE: 46 Years 47 | Months | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Dominick Wardeske

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Antonia Jalkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 5-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-3-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to March 3, 1929, that I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at 7:50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia 7 days

Diabetes mellitus of

part - 1 mo's

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) C O Bunge, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cemetery	March 6 1929
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Ann St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43691

CERTIFICATE OF DEATH

31

E 43691

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Wolfe ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph J. Yuhn

(a) RESIDENCE NO. 403 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amelia A. Yuhn

6 DATE OF BIRTH (month, day, and year) June 14/84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Near Beer

(b) General nature of industry, business, or establishment in which employed (or employer) Saloon

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Yuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Amelia Yuhn

(Address) 403 N. Wolfe St

15 Filed ..... 19 .....

Registrar

5-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/29

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1928, to March 3, 1929, that I last saw h alive on March 2, 1929, and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. T. Timmerman M. D.

9/4/1929 (Address) 6850 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	3/6 1929
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 43692

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 406 N. Montford Ave WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Blanch

(a) RESIDENCE NO. 406 N. Montford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry Blanch

6 DATE OF BIRTH (month, day, and year) Aug 21 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	8 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Parker Willey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Myers — —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jerry Blanch

(Address) 406 N. Montford Ave

Filed Mch 5 1929 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1929, to Mch 1 1929, that I last saw h[illegible] alive on Mch 1 29 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. Bloxman, M. D.

Mch 5 1929 (Address) 7913 Belton

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	3/5/29
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Edmondson

Cor—12-8-26—A Co.—200 Bks.

E 43693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43693

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals Ward)

2-FULL NAME Charles J. Hartman

(a) RESIDENCE NO. Dorsey Ave Essex St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): School Boy

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept-3, 1917

7 AGE — Years: 11 — Months: 6 — Days: 0 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: John W. Hartman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Bertha C. Hourtable

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Co Md

14 Informant: Father

(Address): John W. Hartman Dorsey Ave. Essex

Filed MAR 5 - 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base of Skull

Ext Accident

Fall (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall from Running Board

(Duration) yrs. mos. ds.

(Signed) Geo. M. Gelston M. D.

(Coroner)

(Address) 700 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where disease contracted, if not at place of death? Ground Road

Former or usual residence: Dorsey Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk. Cemetery Date of Burial: Mar. 6 1929

20 UNDERTAKER: Elmer W. Conklin ADDRESS: 924 E Eager St.

very Important. See instructions on back of certificate.

PARENTS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43694 — CERTIFICATE OF DEATH — E 43694

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1 BALTIMORE CITY HOSPITALS ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Seaman (or Simon)

(a) RESIDENCE NO. 1637 Cuba ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Krapcif

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records

(Address)

15 Filed MAR 5 - 1929 E. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-1-29

17 I HEREBY CERTIFY, That I attended deceased from 12-29 , 1928, to 3-1 , 1929

that I last saw him alive on 3-1 , 1929

and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Polyp of rectum, probably carcinomatous

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) A. W. Mock, M. D.

1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, A. C. Co.

DATE OF BURIAL: March 5 1929

20 UNDERTAKER: Chas L. Stevens

ADDRESS: 1301 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 43695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43695

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 721 N Kenwood Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Leverton Wilson

(a) RESIDENCE NO. 721 N. Kenwood St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles R. Wilson

6 DATE OF BIRTH (month, day, and year): Oct 28-1867

7 AGE: Years 61 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: William W. Leverton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Harriet Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Charles R Wilson

(Address): 721 N. Kenwood Ave

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 29 to March 3 19 29

that I last saw h[illegible] alive on March 3 19 29

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Terminal Heart

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M.D.

19 (Address) 1000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Mar 5 19 29
20 UNDERTAKER	ADDRESS
Chas C Miller & Son	2394 Jeffer

Spec.—1-10-21—M&T—1500 Blks.

219887
E 43696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 43696

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 15-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Thomas

(a) RESIDENCE No. 1737 Bruce St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Child

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Thomas Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sullivan Co. Md.

12 MAIDEN NAME OF MOTHER Liza Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

Filed 5-1929 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to March 1, 1929, that I last saw h/M alive on March 1, 1929, and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

Myocardial failure.

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes.

(Signed) C O Bryan M. D.

, 19 (Address) John Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Mar. 5, 1929

20 UNDERTAKER Mrs Katie R Williams — ADDRESS 322 N Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43697 ✓ 181-001 E 43697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Mercy Hospital St. 345 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fitzpatrick

(a) RESIDENCE NO. 912 Watson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Katie Fitzpatrick

6 DATE OF BIRTH (month, day, and year) June 1864

7 AGE Years: 64 Months: 9 Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) N. J.

(State or country)

PARENTS

10 NAME OF FATHER Thos. Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Connelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Agnes Brady (Niece)

(Address) 1145 Bond St

15 Filed ..... 19 .....

By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquisition

(Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

Mar 31, 1929 (Address) 70 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery Date of Burial: March 30 1929

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S Wolfe St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 43698

CERTIFICATE OF DEATH

E 43698

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3410 Tait Ave ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles E. Neilson

(a) RESIDENCE NO. 3410 Tait ave ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 21 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Neilson

6 DATE OF BIRTH (month, day, and year) Dec 10th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer at

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Copper-

(c) Name of employer Smelting Works

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George Neilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

PARENTS

14 Informant Mary E. Neilson Wife

(Address) 3410 Tait ave

Filed MAR 5 - 1929 C. H. HERMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 29

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1929, to March 3, 1929, that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb H Athey, M. D.

March 4, 1929 (Address) 100 S Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL March 6 1929

20 UNDERTAKER Lilly + Zeiler

ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

Frank Dickard

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43699

CERTIFICATE OF DEATH

117 E 43699

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST. 26-40 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Dickard

(a) RESIDENCE NO. 3225 Dudley Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 3 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E. Dickard

6 DATE OF BIRTH (month, day, and year) Nov. 27 1898

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor of 24

(b) General nature of industry, business, or establishment in which employed (or employer) U. R & Elect. Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John E. Dickard

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Lillian E. Dickard

(Address) 3225 Dudley Ave.

15 Filed 3-4-29 H. M. [illegible] Registrar

3-5-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-29

17 I HEREBY CERTIFY, That I attended deceased from 2-24-29, 19..., to 3-3-29, 19...

that I last saw him alive on 3-3-29, 19...

and that death occurred, on the date stated above, at 10.25 A m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-24-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Jessamine, M. D.

19 (Address) St Joseph

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery Md	Mch 7 1929
20 UNDERTAKER	**ADDRESS**
Lilly + Zeiler Inc	403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 43700

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Schenck ST. 26 WARD)

2—REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Magdalen M. Adams.

(a) RESIDENCE NO. 3301 Schenck. ST. 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 17th 28

7 AGE — Years: | Months: 10 | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Jessie P. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Holtzberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant: Jessie P. Adams (Father)

(Address) 3301 Schenck St.

Filed MAR 5 - 1929

H. JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2nd 1929

17 I HEREBY CERTIFY, That I attended deceased from March 2 - 1929, to March 2 - 1929.

That I last saw h alive on March 2 - 1929.

and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

Apparently acute
Gastro Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Visiting in Country

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Symptoms

(Signed) A. C. Beetham M. D.

3-3. 1929 (Address) 3134 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Lawn Cemetery

DATE OF BURIAL: March 4th 1929

UNDERTAKER: Lilly & Zeiler Inc

ADDRESS 403 N. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

Mother Thomas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43701

E 43701

CERTIFICATE OF DEATH

40

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City ST. 6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leonard Thomas

(a) RESIDENCE NO. 19 N Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Car.

10 NAME OF FATHER: Leon. Thos.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Car.

12 MAIDEN NAME OF MOTHER: Nancy Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Car.

PARENTS

14 Informant: Mary Bond

(Address) 19 N. Bond St.

15 Filed MAY 5 - 1929, 19

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/1/29

17

I HEREBY CERTIFY, That I attended deceased from 2/25, 19 29, to 3/1, 19 29, that I last saw h[illegible] alive on 3/1, 19 29 and that death occurred, on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 2/27/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 5th 1929

20 UNDERTAKER: Mrs. Ida Smedley

ADDRESS: Richland Co.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43702

CERTIFICATE OF DEATH

91-002

E 43702

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1026 N Central Ave ST. 10514 (WARD)

2—FULL NAME Catherine Grenger

(a) RESIDENCE NO. 1026 N Central Ave ST., 10 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Michael J. Grenger

6 DATE OF BIRTH (month, day, and year) July 1861

7 AGE: Years 67 | Months 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Metz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Michael J. Grenger

(Address) 1026 N Central Ave

15 FILED MAR 5 - 1929 City JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from March 2, 19 29, to March 4, 19 29, that I last saw h[illegible] alive on March 3, 19 29, and that death occurred, on the date stated above, at 2:00 a. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Jelmes M. D.

19 29 (Address) 857 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 6 1929
20 UNDERTAKER	ADDRESS
Henry Hoeck Sons Inc.	201 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43703

CERTIFICATE OF DEATH

100-001

E 43703

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5207 Plumfield Ave ST., Homeville WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fallarina Weis

(a) RESIDENCE NO. 5207 Plumfield Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Geo Weis

6 DATE OF BIRTH (month, day, and year): Dec 19, 1841

7 AGE: Years 87 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Kilmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: F. Josephine Courtney

(Address) 5207 Plumfield Ave

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4-1929

17 I HEREBY CERTIFY, That I attended deceased from 3-1, 1929, to 3-4, 1929, that I last saw her alive on 3-4, 1929, and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Gross, M. D.

3/4, 1929 (Address) 413 Mercantile Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: March 7 1929

20 UNDERTAKER: Henry Hoeck Sons, Inc. — ADDRESS: 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43704 52

REGISTERED NO. E 43704

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 S. Baylis St. 76-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Hoffman

(a) RESIDENCE NO. 1113 S. Baylis ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hoffman

6 DATE OF BIRTH (month, day, and year): July 2 - 1849

7 AGE: Years 79 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min. 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): dont know

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): dont know

14 Informant: Anna E. Mack

(Address) 1113 S. Baylis St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 to Mch 1 19 29.

that I last saw her alive on Feb 27 19 29

and that death occurred, on the date stated above, at 3.25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. A. Reifschneider M. D.

3/2 19 29 (Address) 29 39 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel cemetery — DATE OF BURIAL: March 5 1929

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager st

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43705

CERTIFICATE OF DEATH

74001

REGISTERED NO. E 43705

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Aisquith ST. 9-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James T. Clark

(a) RESIDENCE NO. 1823 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice V. Clark

6 DATE OF BIRTH (month, day, and year) Aug 17 1851

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	77	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Runner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John W. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Louisa Hatten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Alice V. Clark

(Address) 1823 Aisquith St

15 Filed ..... 19 ..... [illegible] JONES, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 '29

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to March 3, 1929, that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. 2 mos. 22 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Elliott Singmaster, M. D.

3/4/1929 (Address) 163 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	March 6 1929
20 UNDERTAKER	ADDRESS
George W. Sinkler	1737 E. Pratt St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43706

CERTIFICATE OF DEATH

E 43706

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St., 7-9 Ward)

2-FULL NAME Michael J. Robinson

(a) RESIDENCE NO. New Battle Grove, North St. Pt. Road Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10/28

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	1	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. E. Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Caroline Murphy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto., Md.

14 Informant Catherine Robinson
(Address) New Battle Grove Road

15 Filed ... 19... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Encephalitis- Pertussis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) [signature] M. D.

3/4/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL March 5 1929

20 UNDERTAKER George W Zirkler

ADDRESS 1737 E Eager

Per ...

important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 43707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43707

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5229 Park Heights Ave ST., 27-55 WARD

2-FULL NAME Charles A. Hayes

(a) RESIDENCE No. 5229 Park Heights Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Hayes

6 DATE OF BIRTH (month, day, and year) 3/14/63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	9	18

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER Catherine Kurtz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Lucy Hayes
(Address) 5229 Park Heights Ave

15 Filed 3-5 1929 C. H. [illegible] JONES, M. D., Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

3/4 1929 (Address) 3632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/5 1929

20 UNDERTAKER W. H. Cook — ADDRESS 1217 St. Paul St

Spec.—1-10-21—M&T—1500 Bks.

E 43708 222668 HEALTH DEPARTMENT—CITY OF BALTIMORE 37-08 E 43708

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-13 WARD)

2-FULL NAME Keanetta Smith

(a) RESIDENCE NO. 1411 Ashland Ave St., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Helen ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records

15 Filed MAR 5 1929 C. MARSHALL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929, to March 2, 1929, that I last saw her alive on March 2, 1929, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. 2-3 weeks mos ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dump Jr Cor M. D.

3/4, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Evergreen Cemetery

DATE OF BURIAL 3-6 1929

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1721 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

43709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 43709

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 (ST.) Greenmount Ave (WARD) 9-47

2-FULL NAME Mary Rebecca Miller

(a) RESIDENCE NO. 3409 (ST.) Greenmount Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Miller

6 DATE OF BIRTH (month, day, and year): Mar. 10, 1871

7 AGE — Years: 57 Months: 11 Days: 23 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co., Md.

PARENTS

10 NAME OF FATHER: Noah Roetzahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eliz. B. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Mae Fletcher

(Address): 3409 Greenmount Ave

15 Filed MAR 5 - 1929 19 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 - 5 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Apr 28, 1928, to Mar. 5, 1929.

that I last saw h[illegible] alive on Mar. 2, 1929

and that death occurred, on the date stated above, at 4:20 a. m.

The CAUSE OF DEATH* was as follows:

Cardio - vascular - renal disease.

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

Pulmonary Edema (duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Jno B. Sybert, M. D.

, 19 (Address) 2804 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown — DATE OF BURIAL: Mar 7 1929

20 UNDERTAKER: E T Kladhill — ADDRESS: Middletown

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Harner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43710

CERTIFICATE OF DEATH

54

E 43710

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] ST. 26-27 WARD)

2—FULL NAME Charles Horner

(a) RESIDENCE NO. [illegible] ST. [illegible] WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 6, 1868

7 AGE: 60 Years | Months 7 | Days 18 | If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Hearth Horner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Siegfried

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant [illegible]

(Address) [illegible]

15 Filed [illegible] 19 [illegible] C. HARRISON JONES, M. D. Registrar

MAR 5 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4-29

17 I HEREBY CERTIFY, That I attended deceased from 1-14, 1929, to 3-4, 1929, that I last saw h[illegible] alive on 3-4, 1929 and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) — yrs. 1½ mos. — ds.

CONTRIBUTORY (Secondary): Alcoholism, Cirrhosis ?

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? [illegible] Stone

(Signed) H. M. Nick, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutherstown Pa	Mar 7 1929
20 UNDERTAKER: George J Smith	ADDRESS 532 Fulton

Spec.—1-12-23—M&T—500 Bks.

E 43711 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 43711

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Fou ST. 5-8 WARD)

2-FULL NAME William H. Frazier

(a) RESIDENCE NO. 1146 Fou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 0 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed or divorced (or) WIFE of Hester E. Frazier

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 2	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Charles Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hester Frazier (Address) 1146 Fou.

15 Filed MAY 5-1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5- 1929

17 I HEREBY CERTIFY, That I attended deceased from 11-5-, 1928, to 3-5-, 1929, that I last saw h alive on 3-4-, 1929 and that death occurred, on the date stated above, at 4,20 A. m

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

unknown.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3-5-, 1929 (Address) 611-N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lin Cem. DATE OF BURIAL 3/9 19 29

20 UNDERTAKER Eden Bryan ADDRESS 1631 Eden St

Spec.—2-29-28—L. F. S.—500 Blks.

E 43712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 ✓

E 43712

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 W. Lombard St. ST., 16-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen A. Sellers

(a) RESIDENCE NO. 1229 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. E. Sellers

6 DATE OF BIRTH (month, day, and year) November 19, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	12	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk (Store)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William F. Smardon

11 BIRTHPLACE OF FATHER (city or town) Baltimore County

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. James

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14

Informant Mrs. Sarah E. Smardon

(Address) 1229 W. Lombard Street

15

Filed 3-5-1929 Thos. H. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 26, 1929, to March 3, 1929.

that I last saw her alive on March 3, 1929

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pleurisy

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill, M. D.

3/4, 1929 (Address) 108 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL March 6th 1929

20 UNDERTAKER Isaac H. Cook

ADDRESS 1003 West Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43713

CERTIFICATE OF DEATH.

129 E 43713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH German Aged Home

City of BALTIMORE: (No. Balto & Payson St. 20-27 Ward)

2-FULL NAME Christian Frederick Liedtke

(a) RESIDENCE NO. Baltimore Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 16 1845

7 AGE: Years 83 | Months 3 | Days 19 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible] Co

(c) Name of employer

9 BIRTHPLACE (city or town): Muchlhausen

(State or country): Germany

10 NAME OF FATHER: Friedrich Liedtke

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Herrendorfer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

PARENTS

14 Informant: Records of German Aged Home

(Address): Balto & Payson Sts

15 Filed APR 3 - 1929 H. A. [illegible] M. D. Registrar

Pd. Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 5 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 1928 to March 5 1929, that I last saw h[illegible] alive on March 5th 1929, and that death occurred, on the date stated above, at 3 45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary): Anaemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Hough, M. D.

3/5. 1929 (Address) 1843 N. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — Date of Burial: Mar. 7 1929

20 UNDERTAKER: [illegible] Cook — ADDRESS: 1005 West Baltimore St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

John Joseph Hackett

HEALTH DEPARTMENT—CITY OF BALTIMORE

43714

CERTIFICATE OF DEATH

L 43714

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Payson St. ST. WARD)

REGISTERED NO. 26-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Joseph Hackett

(a) RESIDENCE NO. 309 S. Payson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxx

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas M. Hackett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Delia Lennon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Delia Hackett

(Address) 309 S. Payson St.

15 Filed C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 25, 1929, to March 3, 1929,

that I last saw h in alive on March 3, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Mendelsohn, M. D.

3/5, 1929 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Mar. 7 1929

20 UNDERTAKER George L. Schwartz ADDRESS 2101 Bridge Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 43715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43715

CERTIFICATE OF DEATH. 74

1-PLACE OF DEATH

CITY OF BALTIMORE. No. Vol. America Hospital St. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josias Pennington Sr

(a) RESIDENCE NO. Harford County, Md St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1861

7 AGE: Years 67 Months 7 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Josias Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth A. Stirling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant (Address): Mrs Sophie Pennington Mc Royal Hotel

15 FILED 5-1929 . 19 HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from June . 1928 . to Mch . 1929.

that I last saw him alive on Mch 4 . 1929.

and that death occurred, on the date stated above, at 8 45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy (2 attacks)

CONTRIBUTORY (Secondary) (1st) (duration) yrs. 9 mos 4 days ds.

(2nd) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. F. Cooney M. D.

. 19 (Address) Vol. America Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Mar 7 1929

20 UNDERTAKER: John B. Spencer ADDRESS: 1325 N. Caroline, St

FROM A VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43716 E 43716

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 620 Fallsway Road (St.) 7-48 (WARD)

2-FULL NAME Ellen Hines

(a) RESIDENCE NO. 620 Fallsway Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Hines

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE: Years 81 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Brundell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Margaret Lewis

(Address) 620 Fallsway Road

15 3-1-1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 4, 1929, that I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Oedema of lungs

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. J. Schmit, M. D.

3/1, 1929 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mem Cathedral — DATE OF BURIAL: Mar. 6, 1929

20 UNDERTAKER: John A. Inman — ADDRESS: 3605 E. Balto St.

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43717

CERTIFICATE OF DEATH.

100-03

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Collington Ave. St. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Tumbleson

(a) RESIDENCE NO. 122 S. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles H. Tumbleson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Donohue

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Miss Mabel Tumbleson

(Address) 122 S. Collington Ave.

15 FILED 5 - 1929 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 , 1929 , to March 3rd , 1929 ,

that I last saw her alive on March 3 , 1929 ,

and that death occurred, on the date stated above, at 8;35 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) for yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Chemical Exam

(Signed) A. Flack, M. D.

Mch 5 1929 (Address) 24 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mch. 6. 1929

20 UNDERTAKER Hughes T. Jones Co.

ADDRESS 424 N. Brdy.

IMPORTANT: See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 43718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 43718

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 E. Lanvale St. 12-19 Ward)

2-FULL NAME Mary E. Coyle

(a) RESIDENCE NO. 207 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1879

7 AGE: Years: about 50 | Months: | Days: | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

10 NAME OF FATHER: Thos Coyle

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Brigid Kehoe

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country):

PARENTS

14 Informant: John Coyle

(Address) 207 E. Lanvale St

15 Filed 1929 (19) H. Hamill Jones M. D. Registrar

By ABH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3rd, 1929, to March 4th, 1929, that I last saw h.e.r. alive on March 4th, 1929, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & symptoms

(Signed) J. A. Cleland, M. D.

3/5, 1929 (Address) 300 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cem. Govans — Date of Burial: Mar 7 1929

20 UNDERTAKER: Chas F. Marie & Son — ADDRESS: 1810 W. Mt. Royal ave

Very Important. See instructions on back of certificates.

5

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 43719 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43719

CERTIFICATE OF DEATH. 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2320 Harford Road ST. (WARD) 9-4-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry G. Schwartz

(a) RESIDENCE. No. 2320 Harford Road ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E. Stupfel

6 DATE OF BIRTH (month, day, and year) Aug 4 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~66~~	66	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Poultry Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr & Henry G. Schwartz Jr 2320 Harford Ave

15 Filed 5-1929 G. HARRISON JONES, Registrar By Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby. 12, 1929, to March 4, 1929, that I last saw him alive on Feby 28, 1929, and that death occurred, on the date stated above, at 8:30 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 22 days

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum Examination

(Signed) W. Ingram, M. D.

, 19 (Address) 2429 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 7 1929

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

Note—Every question must be answered. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43720

CERTIFICATE OF DEATH

125 E 43720

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital (Street) (WARD)

2—FULL NAME Morgan Degen

(a) RESIDENCE NO. 1026 Blackston ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, professinn nr particular kind nf work Day Laborer

(b) General nature of industry, business, nr establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Md

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed MAR 5 - 1929, 19 C. HUNTSON JONES M. D. Registrar
Per 3331

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-29

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 19 29, to 2-25, 19 29

that I last saw him alive on 2-25-, 19 29

and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage
Pulmonalis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place nf death?

Did an nperatinn precede death? Yes Date nf 2/23

Was there an autnpsy? Yes

What test confirmed diagnosis? Operation

(Signed) A. Oaken, M. D.

2/26 19 29 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health
MAR 5 - 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 43721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-002 V

E 43721

REGISTERED NO.

1—PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division ST., 6-9 WARD)

2—FULL NAME Ernest Jones

(a) RESIDENCE NO. 214 Caroline ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unk

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed MAR 5 - 1929, 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929 to Feb 27, 1929

that I last saw h[illegible] alive on Feb 27, 1929

and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows

Paralytic Ileus

CONTRIBUTORY (Secondary) Syphilis Undetermined (duration)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Medical.

(Signed) [illegible], M. D.

3/4, 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS MAR 5 - 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 43722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 43722

1—PLACE OF DEATH Provident Hospt

REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Division St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Thomas

(a) RESIDENCE NO. 1514 Harmont Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self

(Address)

15 Filed 5 1929, 19 C. HAMPSON JONES, M. D. Registrar 3333

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 19 29 to March 3, 19 29

that I last saw h/ alive on March 3, 19 29

and that death occurred, on the date stated above, at 11 15A m.

The CAUSE OF DEATH* was as follows: Myocardial (Fatty) Degeneration

CONTRIBUTORY (Secondary) — (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. T. Jackson, M. D.

3/5, 19 29 (Address) Prov. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
MAR 5 1929

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43723

CERTIFICATE OF DEATH.

118-09

E 43723

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. Fairmount Ave & Broadway St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne E. Ledger

(a) RESIDENCE NO. 12 Poplar St, Danville, Pa. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: James F. Ledger

6 DATE OF BIRTH (month, day, and year): October 14 1867

7 AGE: Years 61 Months 4 Days 21 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Scranton Pa

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Schumacher

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Von Broden

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Switzerland

14 Informant: James F. Ledger

(Address): Danville Pa

15 Filed 1929 Per Ack C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929 March 5

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1929, to March 5, 1929, that I last saw h[illegible] alive on March 5, 1929, and that death occurred, on the date stated above, at 6:15 p. m.

The CAUSE OF DEATH* was as follows:

Post operative shock

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ventral hernia, adhesions strangulated (duration) 20 yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of March 5, 1929

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter S. Johnson, M. D.

, 19 (Address) Church Home Bal.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Danville Pa Date of Burial 3/6 1929

20 UNDERTAKER: C. J. Barton ADDRESS Glenburnie Md

Very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43724 E 43724

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Taylor Home Parkview St. Rosedale 24 WARD

REGISTERED NO. 905

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha N. Deckers

(a) RESIDENCE No. Parkview & Rosedale ST., 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fe.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	20 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER W. H. Deckers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Rachael Dare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant D. Thomas
(Address) Edmondson Ave

15 Filed 1929 C. J. JONES, M. D. Registrar

CO - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) D. Thomas Monroe, M. D.
(Coroner.)

3/5 1929 (Address) 367 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Cemetery	March 6 1929

20 UNDERTAKER	ADDRESS
Chas. E. Franck	801 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

E 43725 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Forest Park Ave WARD) 51 61

2-FULL NAME William E. Read

(a) RESIDENCE NO. 3616 Forest Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Emma Read

6 DATE OF BIRTH (month, day, and year) Feb. 9-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	[illegible]	22 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Robert Read

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Harry Read

(Address) 3616 Forest Park Ave

15 Filed MAR 6 1929, 19 [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 1928, to Mch 3, 1929, that I last saw h alive on Mch 3, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Exa

(Signed) O. D. Love M. D.

3/6, 19 29 (Address) 8 Hedwood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Mar 6 1929

20 UNDERTAKER Chas. E. Franck ADDRESS 501 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

E 43726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 43726

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N Biddle ST. 1724 WARD)

2-FULL NAME Mary Jane Moore

(a) RESIDENCE NO. 517 N Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) — — 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) "

14 Informant Louise Robinson

(Address) 517 N. Biddle St

15 Filed MAR 6 1929 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1929, to March 4th, 1929, that I last saw her alive on March 2d, 1929, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cer. Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

3/5, 1929 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL. 3/6 1929

20 UNDERTAKER Paul L Schmeltz

ADDRESS 578 N Biddle

IMPORTANT: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43727

CERTIFICATE OF DEATH

90

E 43727
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 W. Baltimore ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannie Parsons

(a) RESIDENCE NO. 735 W. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: George W Parsons

6 DATE OF BIRTH (month, day, and year): July 22, 1849

7 AGE — Years: 79 | Months: 7 | Days: 12 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Elias Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Andrews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. A. Glenn

(Address) 735 W. Balt St

15 Filed MAR 6 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to Mar. 4, 1929, that I last saw h[illegible] alive on Mar. 2, 1929 and that death occurred, on the date stated above, at 5:10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Acute Lobar Pneumonia
Arteriosclerosis
Cerebral Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) William L. Hinton M. D.

, 19 (Address) 2742 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. National

DATE OF BURIAL: 3 7 19 29

20 UNDERTAKER: Wm. Cook

ADDRESS 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-103

E 43728

CERTIFICATE OF DEATH

E 43728

1-PLACE OF DEATH

City of Baltimore: (No.) City Hospital St., 918 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Rowley

(a) RESIDENCE NO. 1933 Homewood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Rowley

6 DATE OF BIRTH (month, day and year) July 14 1905

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	23	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph S. Rowley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Reardon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington DC

14 Informant Joseph S Rowley
(Address) 1923 Homewood Ave

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Acc.

Multiple Fractures

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

, 19 (Address) 143 Holbrook

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL 3/8 1929

20 UNDERTAKER Wm Cook — ADDRESS 1214 St Paul St

Important. See instructions on back of certificate.

MAR 6 - 1929

RECEIVED

Spec.—1-10-21—M&T—1500 Blks.

E 43729

HEALTH DEPARTMENT—CITY OF BALTIMORE

43729

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Calhoun & Lafayette Sts. 26 WARD)

2-FULL NAME Eliza Redmore Griffith

(a) RESIDENCE No. 450 N Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs mos ds. How long in U. S., if of foreign birth? 14 yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Francis Griffith

6 DATE OF BIRTH (month, day, and year): Dec. 29, 1886

7 AGE: Years 42 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Housework

(a) Trade, profession or particular kind of work: Wales

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Wales

PARENTS

10 NAME OF FATHER: Wm Rees Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant: husband

(Address)

15 Filed MAR 6 - 1929 [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1928 to March 4 1929

that I last saw h eralive on March 4 1929

and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Ovarian cyst.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Branchs pneumonia

(duration) yrs mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Elizabeth B Sherman M. D.

3/4 1929 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 3/7 1929

20 UNDERTAKER: W. A. Cook

ADDRESS: 1217 E. Lombard St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43730 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43730

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 21-29

CITY OF BALTIMORE: (No. 1168 N. Homburg ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph F. Arnold

(a) RESIDENCE NO. 1168 N. Homburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Arnold

6 DATE OF BIRTH (month, day, and year): Aug. 11, 1861

7 AGE — Years: 67 | Months: 6 | Days: 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John H. Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Annie M. Brutcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: John H. Arnold
(Address): 1168 N. Homburg St.

15 Filed MAR 8 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 19 29, to 3/4, 19 29, that I last saw h[illegible] alive on 3/4, 19 29, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): arthritis

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Richard Dam, M. D.

(Address) 727 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 3 7 19 29

20 UNDERTAKER: [illegible] Cook

ADDRESS: 2175 Pond St

Spec.—2-29-28—L. F. S.—500 Bks.

43731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001
E 43731

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adam Miller

(a) RESIDENCE NO. 1605 E. Lafayette St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland

PARENTS

10 NAME OF FATHER Adam Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portland

12 MAIDEN NAME OF MOTHER Mary P.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland

14 Informant Harry Miller

(Address) 1605 Lafayette ave

15 Filed MAR 6 - 1929, 19 City JONES, P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/29

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 19 29, to 3/4, 19 29, that I last saw h— alive on 3/4, 19 29, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

7 Days

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical Findings

(Signed) H. M. Myers, M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 8 19 29

20 UNDERTAKER ADDRESS

Geo. A. Rueth 1735 Harford ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 43732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14001 E 43732

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. Preston ST., 9-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Davis

(a) RESIDENCE NO. 906 E Preston ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hilbert Davis

6 DATE OF BIRTH (month, day, and year) Oct. 13/1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) American Can Company.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa.

PARENTS

10 NAME OF FATHER Wm. P. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachael Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Hilbert Davis
(Address) 906 E. Preston st

15 Filed 3-5-29 [illegible] Registrar

BRO - 1529

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 5 29

17 I HEREBY CERTIFY, That I attended deceased from 2/27, 1929, to 3 5 29, 19 ..., that I last saw him alive on 3 5, 19 29, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) 1 yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Lee Wagner, M. D.

3 5, 1929 (Address) 1202 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem. York Pa.	March 7 1929.
UNDERTAKER	ADDRESS
Geo. F. Ruth	1735 Harford ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 43733

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 orleans ST. 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Williams

(a) RESIDENCE NO. 1602 orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE: Years 29 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C

10 NAME OF FATHER Abe Humbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C

12 MAIDEN NAME OF MOTHER Sarah Possey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C

14 Informant Ozella Amison

(Address) 1602 orleans st

Filed - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Mar 4 . 1929 . to Mar 4 . 1929 .

that I last saw her alive on Mar 4 . 1929

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Physical

What test confirmed diagnosis? Phy

(Signed) [illegible] M. D.

Mar 5 1929 (Address) 508 [illegible] st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easbery cemetery

DATE OF BURIAL: march 8 1929

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 orleans st

Spec.—2-29-28—L. F. S.—500 Bks.

E 43734

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

CERTIFICATE OF DEATH

E 43734

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Bell Mann

(a) RESIDENCE NO. 235 (Usual place of abode) 235 Herring Court WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of unk

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Thomas Bell

(Address) 1732 orleans st

15 Filed 3-6-1929 (Signature) Betty Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-29

17 I HEREBY CERTIFY, That I attended deceased from 2-28-, 1929, to 3-5-, 1929, that I last saw her alive on 3-5-, 1929, and that death occurred, on the date stated above, at 10:15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Salpingitis

Myoma uteri

Pulmonary tuberculosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. Jackson, M. D.

3/5, 1929 (Address) 1000 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion cemetery

DATE OF BURIAL: march 9 1929

20 UNDERTAKER: E. Edward Bryan

ADDRESS 1631 orleans st

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43735 — 91-002 — E 43735

1—PLACE OF DEATH Baltimore — REGISTERED NO.

CITY OF BALTIMORE: (No. 1615 Park Ave. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Clegg
Baptist Home

(a) RESIDENCE NO. 1615 Park Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Feb.25, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72		7 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Hopper

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Harriett Musgrave

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Records of Baptist Home
(Address) 1615 Park Ave.

15 Filed 6 1929, 19 — [illegible] JONES, M. D.
Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 4-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Mch 3, 1929, that I last saw h[illegible] alive on Mch 3, 1929 and that death occurred, on the date stated above, at 9 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Exam Optic

(Signed) [illegible], M. D.

3/5, 1929 (Address) 836 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St.Mary's Church, Hampden	Mar. 6, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons,	1900 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

22838
E 43736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 101-001

E 43736

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Brown

(a) RESIDENCE NO. Falkstn - Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/23/05

7 AGE — Years: 23 — Months: 11 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

10 NAME OF FATHER: Albert Lowery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lottie Peden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

PARENTS

14 Informant: Records -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 6 1929, 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to March 5, 1929, that I last saw her alive on March 5 - 1929 and that death occurred, on the date stated above, at 8 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia - type I
Pt. died on 6th day of disease

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? ~~Yes~~ No

What test confirmed diagnosis? Pneumococcus typing

(Signed) Andrew A Marchetti, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tabernacle Benson Md

DATE OF BURIAL: Mar, 8 1929

20 UNDERTAKER: M Marcher

ADDRESS: Benson Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 43737 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 43737

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N Bond ST. 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen D. Doyle

(a) RESIDENCE NO. 1808 N Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 23 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Dennis Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Aspel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mamie Neville

(Address) 1613 John St

15 Filed Mch 6 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 4-1929

17 I HEREBY CERTIFY, That I attended deceased from Mch 3, 1929, to Mch 4, 1929, that I last saw her alive on Mch 4, 1929 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E Gill Hall, M. D.

Mch 5. 1929 (Address) 1631 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Cathedral	March 7 1929
20 UNDERTAKER H. C Brauning & Son	ADDRESS 1936 Poplar Grove st

Spec.—1-10-21—M&T—1500 Blks.

Moore

E 43738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43738

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Edgewood ST. 20-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Ellen Moore.

(a) RESIDENCE NO. 409 Edgewood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Moore

6 DATE OF BIRTH (month, day, and year) Apr. 9-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER Meeks.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Chas. E. Freeburger.
(Address) 2205 W. Baltimore St.

15 Filed MAR 6 1929 Wm. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 4 1929

17

I HEREBY CERTIFY, That I attended deceased from Feby 27, 1929, to March 4, 1929, that I last saw h.r alive on March 2, 1929, and that death occurred, on the date stated above, at 5:50 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

2 attacks. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Allen C. Bartham M. D.

3-4, 1929 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Mar 6, 1929

UNDERTAKER Wm. J. Tuckey & Son ADDRESS N. & Pa

How is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 43739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43739

CERTIFICATE OF DEATH

X 100-001

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

City of BALTIMORE: (No. 4-7 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME James Anthony Haynes

(a) RESIDENCE NO. 115 Beaumont Ave St. Ward Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Haynes

6 DATE OF BIRTH (month, day, and year) Sept. 15 1877

7 AGE	Years	Months	Days 20
	51	5	16

If LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer N. Y Life Ins. Co

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Jas. A. Haynes

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Judith Gleason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Jas A. Haynes

(Address) 115 Beaumont Ave

15 Filed ... C. H... JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

3-5-29

17 I HEREBY CERTIFY, That I attended deceased from 3-3 19 29 to 3-5 19 29

that I last saw him alive on 3-5-29 19 .

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) X yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F W Fellis M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial Mar 8 1929

20 UNDERTAKER Wm J Dickens Sons ADDRESS N. Y & Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 8 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 43740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-001 E 43740

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 15-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Ainsworth

(a) RESIDENCE NO. 3516 Reisterstown Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann B. Ainsworth

6 DATE OF BIRTH (month, day, and year) June 26, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Toys

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Manchester Eng.
(State or country)

PARENTS

10 NAME OF FATHER John Ainsworth

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Alice

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Mrs Sara Ainsworth Lauer

(Address) Rockdale Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/29

17 I HEREBY CERTIFY, That I attended deceased from 2/28/29, 19 ..., to 3/4/29, 19 ..., that I last saw h[illegible] alive on 3/4/29, 19 ..., and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated inguinal hernia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) lobar pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/28/29

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. C. Zum, M. D.

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Mar 6 19 29

20 UNDERTAKER Wm H Ecker & Sons ADDRESS North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43741

44

CERTIFICATE OF DEATH

1—PLACE OF DEATH W. Forest Park (REGISTERED NO.

CITY OF BALTIMORE: (No.) 4208 Maine Ave (WARD) 24-6th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas. M. Owen Sr.

(a) RESIDENCE NO. 4208 Maine Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eda G Owen

6 DATE OF BIRTH (month, day, and year): Oct-6 1862

7 AGE: Years 66 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bread Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self. 010

9 BIRTHPLACE (city or town) (State or country): Michigan

PARENTS

10 NAME OF FATHER: Wm H Owen

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Rae Boyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Eda G Owen

(Address) 4208 Maine Ave

15 Filed ..., 19... [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4 1929

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to March 4, 1929, that I last saw h[im] alive on March 4 '29, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma J Stomach

Secondary Anemia.

(duration) yrs 7 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia.

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical + X-R.

(Signed) Ed Toomey, M. D.

, 19 (Address) 806 N Dutton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: March 7 1929

20 UNDERTAKER: Wm P McInerney & Sons — ADDRESS: North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43742

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Ausgusth ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia V. Flanigan

(a) RESIDENCE NO. 726 Ausgusth ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 12 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John Flanigan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flanigan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Catherine E Flanigan
(Address) 726 ausgusth st

15 Filed Mar 6 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-29

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to March 4, 1929, that I last saw her alive on March 4, 1929 and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) G. G. Hornstein, M. D.

3/6, 1929 (Address) 733 Ausgusth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Mar 7th 1929
20 UNDERTAKER	ADDRESS
George Schilling & Son	1126 Eastern ave

Spec.—2-29-28—L. F. S.—500 Bks.

Condiff

E 43743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 43743

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 21-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Condiff

(a) RESIDENCE NO. 308 S. Fechter ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Condiff

6 DATE OF BIRTH (month, day, and year) July 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7 8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Ireland~~ U.S.A. (State or country)

PARENTS

10 NAME OF FATHER Edw. Cocoran

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Powers

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Geo. Condiff Husband

(Address) 308 S. Fechter St

15 Filed 6-1929 C. J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1929.

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to March 5, 1929.

that I last saw h[illegible] alive on March 4, 1929.

and that death occurred, on the date stated above, at 1:30 H.m.

The CAUSE OF DEATH* was as follows:

Lung abscess, left side of chest.

(duration) ~~1 yr~~ 7 mos. 1928 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia right side (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes. Date of 1-6-15, 1929.

Was there an autopsy? No. What test confirmed diagnosis? Physical examination

(Signed) L. M. Lumpkin M. D.

3/6, 1929 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Mch. 8th 1929
20 UNDERTAKER Lilly & Zeiler	ADDRESS 408 S. Howard St

Spec.—12-9-25—A C—200 Bks.

E 43744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 43744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2602 Shirley Ave St. 15-58 (Ward)

2-FULL NAME Elizabeth G. Gillen

(a) RESIDENCE NO. 2602 Shirley Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 23 - 1842

7 AGE: Years 86 | Months 6 | Days 10 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Cumberland Md.

10 NAME OF FATHER James Kennedy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Winifred Molloy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

PARENTS

14 Informant Mrs. Thomas

(Address) 2602 Shirley Ave

15 Prepared

16 Filed MAR 3 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1929, to Mch 5 1929, that I last saw he alive on Mch 5 1929, and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Reid, M. D.

3/6/29 (Address) 2912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Charles Cem Pikesville Md. Date of Burial 3/8 1929

20 UNDERTAKER: Chas R. Ware & Son ADDRESS 1100 W. Mt. Royal Ave

Very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43745

CERTIFICATE OF DEATH

49 E 43745

1-PLACE OF DEATH

REGISTERED NO.

City of Baltimore: (No. Johns Hopkins Hospital St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin E. Rasch

(a) RESIDENCE NO. 3921 Greenmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31/1921

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	7	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Rasch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rena Lentz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto., Md.

14 Informant Henry Rasch
(Address) 3921 Greenmount Ave.

15 Filed ... 19 ... Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor of Cerebellum
(Probably Malignant)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of Mar 5/29

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ... M. D.

3/6/29 19 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL March 8 1929

UNDERTAKER Robt L. Turner

ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

222690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43746

CERTIFICATE OF DEATH.

X 129 E 43746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Craig Eudowood

(a) RESIDENCE NO. (Usual place of abode) ST. San WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 23 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: James —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER: Alice —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant. (Address) Friends — JOHNS HOPKINS HOSPITAL

15 Filed MAR 6 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 19 29

17

I HEREBY CERTIFY, That I attended deceased from Feb-20 . 1929. to March 1 . 1929.

that I last saw h[illegible] alive on March 1 19 29.

and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis - Hypertension, Cardiac Hypertrophy, Renal insufficiency - Uremia

(duration) yrs. 2½ mos. Symptoms ds.

CONTRIBUTORY (Secondary) Epistaxis - Ac. Nasopharyngitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Several —

(Signed) C. Sprigg M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS MAR 6 - 192

MAR 6 - 1929

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 43747

REGISTERED NO.

1—PLACE OF DEATH Balto City Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. ST., 5-8 WARD)

2—FULL NAME Gertrude Saunders

(a) RESIDENCE NO. 327 Colonial St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Alfred Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hosp.
(Address) Balto Md

15 Filed 6-1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-29

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1929, to 3-3, 1929 that I last saw h alive on 3-3, 1929 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

1 yr. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueto infection

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Harry J. Clopper M. D.

3/3, 1929 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	3-6-1929

20 UNDERTAKER Byron & Wright ADDRESS 1218 McCulloh St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43748

CERTIFICATE OF DEATH

49-2 E 43748

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 212 S Washington St WARD) 2-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Brooks

(a) RESIDENCE NO. 212 S Washington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

.a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Brooks

6 DATE OF BIRTH (month, day, and year): Oct 6 1850

7 AGE: Years 78. Months 4 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Becker Bros & Son

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: John Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Catherine Reinhard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Geo Wiesenfeld

(Address) 212 S. Washington St

15 Filed 6 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1929

17

I HEREBY CERTIFY, That I attended deceased from March, 19 28, to March 5, 19 29,

that I last saw h im alive on March 4, 19 29

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of tibia of left leg with general metastasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. F. Frenzel M. D.

3/6, 19 29 (Address) 1041 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Mar 8 1929

20 UNDERTAKER: Jos Ulrich

ADDRESS 2108 Eutaw

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43749
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E 43749
REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 4-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma Lee Upp

(a) RESIDENCE NO. 3713 Foster St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 8. 1922.

7 AGE: Years 4 Months 11 Days 27 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School pupil
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Upp.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Zeckner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Wm. Upp
(Address) 3713 Foster

CLARENCE JONES, M. D.
Registrar

6-1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 — 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar
Empyema (duration) yrs. 7 mos. ds.
CONTRIBUTORY (Secondary) Empyema
(duration) yrs. mos. ds.

March (Signed) M. T. Riley M. D.
(Coroner)
, 192 7 Address 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: Mar 7 1927

20 UNDERTAKER: John Ellick ADDRESS 2116 Pulaski

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Howard Paxton

E 43750 HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH

E 43750

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 10-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Paxton

(a) RESIDENCE NO. 918 Sterling st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 20, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)... Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Levi Paxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Woodhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 6-1929, 19 Registrar

H. Parran Jones, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 29, 19, to March 5, 29, 19, that I last saw h... alive on March 5, 29, and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

3-5-, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

NAME OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dupont Funeral Home	Mar 9 19 29
UNDERTAKER	ADDRESS
Chas. H. Johnson & W. Conley	

Spec.—2-29-28—L. F. S.—500 Blks.

E 43751 STRUHAR ✓ HEALTH DEPARTMENT—CITY OF BALTIMORE 40 E 43751

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST. W. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Struhar

(a) RESIDENCE NO. 1035 S Hoken St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE: Years 19 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

10 NAME OF FATHER: Thomas Struhar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Gyuro

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Frances Struhar

(Address) 1035 Hoken St

15 Filed 6-1929, 19 C. Harrison Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/29

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 19 29, to 3/5, 19 29, that I last saw h[illegible] alive on 3/5, 19 29 and that death occurred, on the date stated above, at 1, 45 P.M.

The CAUSE OF DEATH* was as follows:

Pelvic Inflammatory Disease

Streptococcus Fecalis

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/20/29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Finch, M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar 8 19 29

20 UNDERTAKER: Wm. Crockett — ADDRESS: 1766 Wash

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43752

CERTIFICATE OF DEATH

E 43752

REGISTERED NO. 90 20-69

1-PLACE OF DEATH

City of BALTIMORE: (No. 45 Gorman av St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Roemer

(a) RESIDENCE NO. 45 Gorman av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Roemer

6 DATE OF BIRTH (month, day, and year): April 23 1856

7 AGE: 73 Years 10 Months 15 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country) USA

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant: Chas Wallenhorst

(Address) 45 Gorman Ave

15 Filed MAR 6 1929

16 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1929

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to March 5, 1929.

that I last saw her alive on March 5, 1929

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute Edema of Lungs

Hemiplegia (Right)

Encephalitis

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nathan E Rosch, M. D.

3/5, 1929 (Address) 2151 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial March 7 1929

20 UNDERTAKER C. W. Dill — ADDRESS 3109 Fredk Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43753

CERTIFICATE OF DEATH.

100-091 E 43753

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 ST., 7-13 WARD)

2-FULL NAME Luther Byron

(a) RESIDENCE NO. Elkins, West Va.
(Usual place of abode)

Length of residence in city or town where death occurred yrs mos 7 ds. How long in U. S., if of foreign birth? yrs mos ds.

WARD (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May Byron

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 46 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mingo W. Va

PARENTS

10 NAME OF FATHER: Byron

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Crum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: W. J. Kelly
(Address) Elkins W. Va

15 Filed 6 1929 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1929, to March 6, 1929, that I last saw h alive on March 6, 1929 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
Meningitis

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds. Papilloma of Bladder

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ~~Sinai~~ Home

Did an operation precede death? Yes Date of March 1, 1929

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Gundeman, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkins W. Va — DATE OF BURIAL 3/6 19 29

UNDERTAKER: Jack Lewis — ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 43754 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 43754

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH United States Marine Hospital, REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Maryland. ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Shenton

(a) RESIDENCE NO. 1935 Mosher Street, Baltimore, Md. WARD 1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie M Shenton

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS B. S. Ford

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Moses Shenton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marin Slacum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clinical records
(Address)

15 Filed 6-1929, 19.. C. HARRISON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1929

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to March 6, 1929,

that I last saw him alive on March 5, 1929,

and that death occurred, on the date stated above, at 1:15 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart, mitral insufficiency.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Ralph E. Porter, M. D.
Ralph E. Porter
, 19 (Address) U.S. Marine Hospital, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 19

20 UNDERTAKER Geo W Little — ADDRESS

TION IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Briscoe

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43755 E 43755

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Bon Secours Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Briscoe

(a) RESIDENCE NO. 414 E. 31st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster shucker

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Hosp rec

(Address)

15 Filed 6-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/29

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 19 25, to 3/16, 19 29

that I last saw h[illegible] alive on 3/16, 19 29

and that death occurred, on the date stated above, at 10.50 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Prostate

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lymphosarcoma

(Signed) P. J. [illegible] M. D.

19 (Address) Balt City Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	March 19 29
20 UNDERTAKER	ADDRESS
M W & Dyer Co	3rd & Cross

Spec.—2-29-28—L. F. S.—500 Blks.

E 43756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43756

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1633 E Lombard St. 24 WARD)

2—FULL NAME James J. Reilly

(a) RESIDENCE NO. 1633 E Lombard St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice J.

6 DATE OF BIRTH (month, day, and year) Feb 16 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine Mulvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Miss E. Reilly

(Address) 1633 E Lombard St

15 Filed ... 6-1929, 19... C. HERMAN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1928, to March 4th, 1929

that I last saw h[er] alive on ..., 19 29

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Dis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Wenner, M. D.

3-5, 1929 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Mem	May 7 1929

20 UNDERTAKER Martin W. C. Dieffenbach ADDRESS 711 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43757

CERTIFICATE OF DEATH

100-201

E 43757

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Edgewood Sanitorium ST., (WARD) 9th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Catherine C. Young

(a) RESIDENCE NO. 1604 E 32nd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Young

6 DATE OF BIRTH (month, day, and year): March 10. 1852

7 AGE: Years 76 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

10 NAME OF FATHER: George Gourley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Charles R. Young

(Address) 1604 E. 32nd St

15 Filed 6 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/5/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to March 5, 1929, that I last saw h-er alive on March 5, 1929 and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Angina.

Bronchial Pneumonia

(duration) ~~2~~ yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo L. Zimmerman M. D.

3/6. 1929 (Address) 2858 Maryland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburgh Pa. DATE OF BURIAL: March 7 1929

20 UNDERTAKER: H. Sonder Sons ADDRESS: 1310 Pleasant St

Spec.—1-12-23—M&T—500 Bks.

E 43758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43758

CERTIFICATE OF DEATH.

91-2007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 576 (St.) Falls Road (Ward) 27-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Beverley Whiting

(a) RESIDENCE NO. 5716 (St.) Falls Road (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie L. Whiting

6 DATE OF BIRTH (month, day, and year) June 27 1858 (6-27-1858)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Alexandria

(State or country) Va.

PARENTS

10 NAME OF FATHER Fairfax Calvert Whiting

11 BIRTHPLACE OF FATHER (city or town) Alexandria

(State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Compton

13 BIRTHPLACE OF MOTHER (city or town) Alexandria

(State or country) Va

14 Informant Mrs Katie L Whiting

(Address) 5716 Falls Road

15 Filed 1929 C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 24 1929 to March 4 1929

that I last saw him alive on March 4 1929

and that death occurred, on the date stated above, at 3.15 p m

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Dilated heart

(duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) William F Todd, M. D.

19 (Address) 5207 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Govans Presbyterian — DATE OF BURIAL: March 7 1929

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 1214 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43759 101-001 E 43759

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Lelia Williams

(a) RESIDENCE NO. 722 Perry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced BUSBAND of (or) ~~WIFE of~~ David Williams

6 DATE OF BIRTH (month, day, and year) June 12, 1829

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	99	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md.

PARENTS

10 NAME OF FATHER Chas. Cowson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Caroline Scarborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant Hospital records.

(Address) Md. Gen. Hosp.

15 Filed MAR 9 1929 CHARLES H. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-29

17

I HEREBY CERTIFY, That I attended deceased from 2-25-, 1929, to 3-5-, 1929,

that I last saw her alive on 3-5-, 1929

and that death occurred, on the date stated above, at 1.55 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + lab.

(Signed) [illegible] M.D.

19 (Address) 720 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hanover	March 7 1929
20 UNDERTAKER	ADDRESS
Ehrenwelth Son	2105 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43760

CERTIFICATE OF DEATH

129

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Alvin Day.

(a) RESIDENCE NO. 1427 W 36th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Divorced

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie V. Day.

6 DATE OF BIRTH (month, day, and year) Sept 19 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Milton Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co.

12 MAIDEN NAME OF MOTHER Sarah J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

14 Informant J. Ira Barnes

(Address) 1427 W 36th St

15 Filed 6-1929 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 29.

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 . 1929 . to March 5 . 1929 . that I last saw him alive on March 5 . 1929 and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Examination

(Signed) W. T. Bryson, M. D.

19 (Address) 2439 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Morgan Chapel Carroll Co Md	March 7 1929
20 UNDERTAKER	ADDRESS
Chenowith & Son	3415 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43761

CERTIFICATE OF DEATH.

E 43761

52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Elm Ave ST., 12-5-2 WARD)

2-FULL NAME Harry Clinton Shipley

(a) RESIDENCE NO. 3621 Elm Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Mar.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mamie E. Shipley

6 DATE OF BIRTH (month, day, and year) Dec 11, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	49	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer) M. E. Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mamie E. Shipley

(Address) 3621 Elm Ave

15 Filed ... 19 C. HARRISON JONES, M. D. Registrar

3-1929 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 1929

17 I HEREBY CERTIFY, That I attended deceased from April, 1924 to Mar 5, 1929.

that I last saw him alive on Mar 4, 1929

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis Deformans

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

3/5. 1929 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL March 8 1929

20 UNDERTAKER Chenoweth Son ADDRESS 3615 Chestnut Ave

FORM is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2d 6603

2d 43762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 129 E 43762

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. N-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Disney

(a) RESIDENCE NO. Odenton - Md - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. 14 ds. How long in U. S., if foreign birth? yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or WIFE of) Laura

6 DATE OF BIRTH (month, day, and year) July 18-1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) Odenton Md -

10 NAME OF FATHER Nicholas Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland —

12 MAIDEN NAME OF MOTHER Louise Disney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 6 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4/29

17 I HEREBY CERTIFY, That I attended deceased from February 18. 1929. to March 4. 1929. that I last saw him alive on March 4. 1929 and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uraemia

(duration) ? 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

3/4. 1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Memorial DATE OF BURIAL June 7 1929

320 UNDERTAKER E. R. Hufnut ADDRESS ODENTON MD 1850 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43763

CERTIFICATE OF DEATH.

66 E 43763

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 42 E. York St. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Sturgeon.

(a) RESIDENCE NO. 42 E. York St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 11 mos. ds. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed or divorced HUSBAND of: Margaret Sturgeon.

6 DATE OF BIRTH (month, day, and year): March 28 1879

7 AGE — Years: 49 — Months: 11 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): N H O

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James A. Sturgeon.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) England.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Edwin J. Sturgeon, (son)

(Address) 3545 N. 5th St.

15 Filed 6 1929 G. Harrison Jones, M. D. Registrar

Per ARH

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Edmund M. D. (Coroner)

3/6, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Peters Hill Chas. P. Stevens Date of Burial March 7 1929

20 UNDERTAKER Chas P. Stevens ADDRESS 18 S. Front St

Cor.—12-9-25—A Co.—200 Bks.

(Kettler)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43764

CERTIFICATE OF DEATH.

185

E 43764

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm L Kettler

(a) RESIDENCE NO. 118 Fremont Road St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna A Kettler

6 DATE OF BIRTH (month, day, and year): June 16th 1884

7 AGE: Years 44 Months 9 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: H Kettler Bro.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Kettler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Theresa Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Henry Kettler

(Address) 118 Fremont Ave

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5th 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia — Contributory

accidental. Fall in cellar.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. C. Daley, M. D.

(Coroner)

March 6, 1929 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: March 8th 1929

20 UNDERTAKER: H.S. Wippert ADDRESS: 1850 W. Baltimore St

6 MAR 1929

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001

E 43765

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pansy Dyatt

(a) RESIDENCE NO. 36 So Edmondson St.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilber R Dyatt

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Theodore Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Pansy Zyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Relatives

(Address)

15 Filed 6-1929, 19 C. HARRISON JONES, M.D. Registrar

By ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929, to 3-5, 1929, that I last saw h[illegible]live on 3-5, 1929, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 3-5-29

Was there an autopsy? Partial

What test confirmed diagnosis? Laboratory

(Signed) A. M. Black M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 3 8 29

19

20 UNDERTAKER H. M. Cook

ADDRESS 1212 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43766

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., (WARD)

2—FULL NAME Emma Cassell

(a) RESIDENCE NO. 420 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: 50 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: George Cassell

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Laura

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Patient's History

(Address)

15 Filed 6-1929 G. [illegible] Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4-29

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1929, to 3-4, 1929, that I last saw h alive on 3-4, 1929, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Rheumatic heart disease (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 3/8 19 29

20 UNDERTAKER: [illegible] Cook

ADDRESS: 1217 E Fayette St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43767

REGISTERED NO. E 43767

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4313 (St.) Ready Ave (Ward) 27-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman H Howard, Jr

(a) RESIDENCE NO. 4313 (St.) Ready Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X X

6 DATE OF BIRTH (month, day, and year) Nov 13, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	0	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Herman H Howard

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Ida M Conrad

13 BIRTHPLACE OF MOTHER (City or town) Baltimore Md

(State or country)

14 Informant Herman H Howard, Sr

(Address) 4313 Ready Ave

15 Filed 6-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929, to March 6-29, that I last saw h[illegible] alive on March 6-29, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Septicemia from Otitis Media

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) X. X. Gordy, M. D.

(Address) 1218 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

Date of Burial 3-7-29

20 UNDERTAKER [illegible] Cook

ADDRESS 1217 St Paul

IMPORTANT—Write plainly in ink, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43768

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., 16-37 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johanna Baber

(a) RESIDENCE NO. none ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5th yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): Aug ? 1861

7 AGE: Years 68 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

15 Filed 6 1929, 19 C. HARRISON JONES, Registrar

Per ACK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4-29

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 1917, to 3-4, 1929, that I last saw h alive on 3-4, 1929, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) arthritis Deformans

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Finch M. D.

19 (Address) Physical Exam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McKendree Am

DATE OF BURIAL: 12/7/29 St Paul

20 UNDERTAKER: William Cook

ADDRESS: 3/7/29

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43769 E 43769

CERTIFICATE OF DEATH

90

12-51

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2117 Maryland Avenue ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME P. Emily Heflebower

(a) RESIDENCE NO. 2117 Maryland Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. - mos. - ds. How long in U. S., If foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Heflebower

6 DATE OF BIRTH (month, day, and year) May 14, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country) New York

PARENTS

10 NAME OF FATHER William C. Turnbull

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Frances M. Weed

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ------

14 Informant Miss Anna L. Heflebower
(Address) 2117 Maryland Avenue

15 6 Filed 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 19 29, to June 3rd, 19 29, that I last saw h.W alive on June 3rd, 19 29 and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cystitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [signature] M. D.

8/6, 1929 (Address) 2117 Maryland Avenue

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 6/7 19 29

UNDERTAKER Henry U. Meyers and Son

ADDRESS 1525 W. Lanvale

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43770 E 43770

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N Lanvale St. 17-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazard Pressbury

(a) RESIDENCE No. 517 N Lanvale ST. WARD Harford Co Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Pressbury

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE 72 Years Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Ed Pressbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Free

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie Roberts (Address) 517 N Lanvale

15 Filed 6-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 1929, to 3-4, 1929, that I last saw h in alive on 2/4, 1929, and that death occurred, on the date stated above, at 12:30 P M

The CAUSE OF DEATH* was as follows:

Chr Nephritis

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth, M. D.

3/5, 1929 (Address) 2135 Oak

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Md DATE OF BURIAL 3-7 1929

20 UNDERTAKER Samuel Bowles Hearse ADDRESS 576

Spec.—2-29-28—L. F. S.—500 Bks.

E 43771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88 ✓ E 43771

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 760 N Calvert ST. 17-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline M. Wyatt

(a) RESIDENCE NO. 760 N Calvert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt Lee Wyatt

6 DATE OF BIRTH (month, day, and year) Nov 9 1873

7 AGE 55	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elkwood
(State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER C. C. Mathews

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Harriet Howard

13 BIRTHPLACE OF MOTHER (city or town) Montgomery Co Md
(State or country)

14 Informant Miss Hilda Barry
(Address) 760 N Calvert St City

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1929.

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1929. to March 7, 1929
that I last saw h[illegible] alive on March 7, 1929
and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Subacute Interstitial endocarditis.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Seminal + Endocardium

(Signed) C. J. Mathews Coroner, M. D.

, 19 (Address) 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery Howard Co

DATE OF BURIAL Mar 9 1929

20 UNDERTAKER Wood & Son Inc

ADDRESS Ft Baltimore Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43772

CERTIFICATE OF DEATH

118-002

E 43772

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 430 N Cross ST. 21-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Dines

(a) RESIDENCE NO. 430 N. Cross ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7 1928

7 AGE — Years: — Months: 4 Days: 28 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Dorothy Dines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Dorothy Dines
(Address) 430 N. Cross St

15 Filed MAR 7 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-29

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to March 5, 1929, that I last saw h alive on March 5, 1929 and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Intussusception

one day
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at his home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical symptom and

(Signed) Wm G. Tompkins, M. D.

, 19 (Address) 1012 Lafayette ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion el | DATE OF BURIAL March 7 1929

20 UNDERTAKER C. L. Brown & Son | ADDRESS 1610 Monroe

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43773

CERTIFICATE OF DEATH.

91 E 43773

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 East Chase St ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Yates Sterling

(a) RESIDENCE No. 11 East Chase St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Allen Sterling

6 DATE OF BIRTH (month, day, and year) May 6th 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	25	24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steer Owner, U.S. Navy.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Government

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Archibald Sterling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Ann Yates.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Helen Sterling. 11 East Chase St.

(Address)

15 Filed MAR 7 - 1926 H. M. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1925, to March 5 1926, that I last saw h alive on March 5 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cerebral Arterio Sclerosis

(duration many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Swarren Buckler, M. D.

Mch 7, 1926 (Address) 806 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Arlington Va DATE OF BURIAL Mar 8 1926

UNDERTAKER John B Spence ADDRESS 1325 N Carolina

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43774

CERTIFICATE OF DEATH

+ 129

E 43774

1—PLACE OF DEATH Maryland General Hosp — REGISTERED NO.

CITY OF BALTIMORE: (No. ____ ST., 11-24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Hartman

(a) RESIDENCE NO. Towson, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

PARENTS

14 Informant Hosp Record

(Address)

15 Filed 7 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to March 5, 1929, that I last saw him alive on March 5, 1929 and that death occurred, on the date stated above, at 10 05 a.m.

The CAUSE OF DEATH* was as follows:

Portal Cirrhosis with ascites
Chronic Vascular Renal Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 24, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Reifschneider, M. D.

March 5, 1929 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glenmeda Cemetery	May 7 1929
20 UNDERTAKER	ADDRESS
D S Marshall 3539	Fallst

Spec.—2-29-28—L. F. S.—500 Blks.

E 43775

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001
101 E 43775

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Tuscany Apts ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Emily Askcom

(a) RESIDENCE NO. 1622 Bolton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 9 ds. How long in U. S., if foreign birth? 46 yrs. 11 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): March 25 1882

7 AGE — Years: 46 | Months: 11 | Days: 9 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Teaching

(c) Name of employer: Roland Park School

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Nathaniel Askcom

11 BIRTHPLACE OF FATHER (city or town) (State or country): Queen Anne's Maryland

12 MAIDEN NAME OF MOTHER: Emily Van Fossen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Duncannon Penna.

14 Informant: Miss Nellie V. Askcom (sister)
(Address) 1622 Bolton St

15 Filed MAR 7 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6-1929

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1929, to March 6, 1929, that I last saw h[illegible] alive on March 6, 1929 and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

3/6, 1929 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar 8 1929

20 UNDERTAKER: Stewart & Co. — ADDRESS: Balto

Spec.—2-29-28—L. F. S.—500 Blks.

E 43776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43776

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2321-N-Charles ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Elizabeth Bramble

(a) RESIDENCE NO. 2321-N-Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? 28 yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E Bramble

6 DATE OF BIRTH (month, day, and year): About-1861

7 AGE: Years: About 68 | Months: — | Days: — | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none 037

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Cambridge Maryland

PARENTS

10 NAME OF FATHER: Wm. M. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Mrs Virginia N. Moore (sister)

(Address) 506-4-St Queen City Md.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5-1929

17 I HEREBY CERTIFY, That I attended deceased from 2/18/29, 19..., to 3/5/29, 19..., that I last saw her alive on 3/5/29, 19..., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) Leonard E Beach, M. D.

, 19 (Address) 2229 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge-Md. | DATE OF BURIAL: March 7, 1929.

20 UNDERTAKER: Stewart & Moore Co | ADDRESS: Balto.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43777

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-002

E 43777

CERTIFICATE OF DEATH

1—PLACE OF DEATH University Hospital REGISTERED NO.
Baltimore, St.

CITY OF BALTIMORE: (No. ST., WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Salvatore Sica

(a) RESIDENCE NO. 1033 Watson ST., WARD 3
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ana Sica

6 DATE OF BIRTH (month, day, and year) Jan 17 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Lenis Sica

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Giuseppina Nardone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Ana Sica
(Address) 1033 Watson st

15 Filed MAR 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/'29

17

I HEREBY CERTIFY, That I attended deceased from March 2nd, 1929, to March 4th 1929, that I last saw h[illegible] alive on March 4th, 1929 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Perforated duodenal ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute disseminated Pulmonaries (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/2/29

Was there an autopsy? No

What test confirmed diagnosis? Operation Laparotomy

(Signed) M. Strauch, M. D.
University Hospital
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 8 1929
20 UNDERTAKER	ADDRESS
Frank V. Lipsitone	[illegible] Paltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43778

CERTIFICATE OF DEATH

101-001

REGISTERED NO. E 43778

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 41 S. Schroeder ST., (WARD) 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jeremiah O'Brien.

(a) RESIDENCE NO. 41 S. Schroeder ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Fona Zipf

6 DATE OF BIRTH (month, day, and year) Dec 1st 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55.	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired, 044

(b) General nature of industry, business, or establishment in which employed (or employer) Cafe Keeper.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John O'Brien.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Fona O'Brien.
(Address) 41 S Schroeder St.

15 MAR 7 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4th 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1. 1929. to Mar 4. 1929. that I last saw h alive on Mar. 4. 1929. and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Thos. Horton, M. D.

3/6/29 (Address) 888 W Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Joseph Cem Texas Md.	March 8th 1929
20 UNDERTAKER John J Cowan & Son.	ADDRESS 901 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43779

CERTIFICATE OF DEATH

137

E 43779

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 816 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Fredericka Kanner

(a) RESIDENCE NO. 1426 N. Patterson Park ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Kanner

6 DATE OF BIRTH (month, day, and year): July 28, 1845

7 AGE: 83 Years 84 | Months 7 6 | Days 5 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Christian Oberhof

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elizabeth Fine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hosp. records.

(Address)

15 Filed MAR 7 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-6-29

17 I HEREBY CERTIFY, That I attended deceased from 2-28, 1929, to 3-6-, 1929, that I last saw her alive on 3-6-, 1929 and that death occurred, on the date stated above, at 12:55 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis cystit, nephritis, cerebral hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 2-28-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Roy [illegible] M. D.

3/6/29 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: 3/8 1929

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Aliceanna St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43780

CERTIFICATE OF DEATH

124 E 43780

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Maude Weaver

(a) RESIDENCE NO. 722 E. 26th ST., Broad St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer H. Weaver

6 DATE OF BIRTH (month, day, and year) Feb 17 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	36	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Front Royal Virginia

PARENTS

10 NAME OF FATHER William Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Linden Va

12 MAIDEN NAME OF MOTHER Eliz Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Linden Va

14 Informant Hospital Records

(Address)

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6. 1929

17

I HEREBY CERTIFY, That I attended deceased from 2/6/29. 19 to 3/6/29. 19

that I last saw her alive on 3/6/29. 19

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

2 mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

2 mos. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/9/29

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Front Royal Va

DATE OF BURIAL 3/7 1929

20 UNDERTAKER Philip Herring

ADDRESS 2016 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43781

CERTIFICATE OF DEATH

129 E 43781

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1205 W. Lanvale ST. 16-23 WARD)

2—FULL NAME Carrie Bell.

(a) RESIDENCE NO. 1205 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 26 1879

7 AGE: Years 49 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn nr particular kind of work: Cooking

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alfred Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston Mass Maryland

12 MAIDEN NAME OF MOTHER: Harriet Hollis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co. Md.

14 Informant: Mary Nixon

(Address) 1205 W. Lanvale St

15 Filed 1929 By: [illegible] JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1929, to Mar. 4th, 1929.

That I last saw her alive on March 4th, 1929,

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis.

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 2 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 18, 29

Was there an autopsy? no. What test confirmed diagnosis? Kellers Test

(Signed) J. T. Lemmon, M. D.

3/4, 1929 (Address) 522 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Mar 7, 1929

20 UNDERTAKER: Mrs. Peter R. Williams — ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43782

CERTIFICATE OF DEATH.

146 E 43782

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 Orleans ST. 6-9 WARD)

2-FULL NAME Rebecca Mackall

(a) RESIDENCE NO. 1609 Orleans ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos ds
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Owen Mackall

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: 33 (Years | Months | Days | If LESS than 1 day, hrs or min)

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): ℓ
(c) Name of employer: ℓ

9 BIRTHPLACE (city or town) (State or country): Ann Arundel Co. Md

PARENTS
10 NAME OF FATHER: Mr. Watts
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ann Arundel Co. Md

14 Informant: Owen Mackall
(Address) 1609 Orleans

Filed MAR 7- 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/6 1929

17 I HEREBY CERTIFY, That I attended deceased from 2/26, 1929, to 3/6, 1929, that I last saw her alive on 3/6, 1929, and that death occurred, on the date stated above, at 9.45 a.m.

THE CAUSE OF DEATH* was as follows: Septicemia and Puerperal Eclampsia

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Delayed Labor (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ℓ

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. V. Blakes, M. D.

3/6 1929 (Address) 724 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mashony a.a.co Cemetery — DATE OF BURIAL: March 10 1929

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43783

CERTIFICATE OF DEATH.

185 E 43783

REGISTERED NO.

1-PLACE OF DEATH Steamship Matra.

City of BALTIMORE: (No. Pier No. 7 Locust Point St. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Milley.

(a) RESIDENCE NO. 3418 Belair Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 18, 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester Co.

(State or country) Maryland.

PARENTS

10 NAME OF FATHER George H. Milley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Dorothy Shorter.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Dorothy Milley, (mother)

(Address) 3418 Belair Rd.

15 Filed Mar 7 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall into hold of Steamship Matra.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

3/7, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial March 8 1929

20 UNDERTAKER H. Sander Sons ADDRESS 1310 Park Ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43784

CERTIFICATE OF DEATH

90

E 43784

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5126 Belair road WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Wagner.

(a) RESIDENCE NO. 5126 Belair road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: August C. Wagner.

6 DATE OF BIRTH (month, day, and year): July 15 1871

7 AGE — Years: 57 Months: 7 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Pelzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August C. Wagner

(Address) 5126 Belair road

15 Filed MAR 7 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1929

17 I HEREBY CERTIFY, That I attended deceased from July 1 1927 to March 5 1929

that I last saw her alive on March 5 1929

and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Harding M. D.

19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Mar 8 1929

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Edmon

Spec.—2-29-28—L. F. S.—500 Bks.

Augus

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43785

CERTIFICATE OF DEATH

90

E 43785

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 1-24 WARD)

2—FULL NAME Edward Augus

(a) RESIDENCE NO. 633 W. Hoffman

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not obtained

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: 54 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frank Augus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Isabella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Relative

(Address)

15 Filed [illegible] 19 C. Fenton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-7-29

17 I HEREBY CERTIFY, That I attended deceased from 2-19, 1929, to 3-7, 1929, that I last saw [illegible] alive on 3-7, 1929, and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease with mitral & aortic insufficiency & mitral stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical Exam

(Signed) H. M. Fleck, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem

DATE OF BURIAL: 3-9-29

20 UNDERTAKER: Edmund Wensley

ADDRESS 578 N Bdle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43786 E 43786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6311 Harford Rd ST.) 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Purcell

(a) RESIDENCE No. 6311 Harford Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Geo. K. Purcell

6 DATE OF BIRTH (month, day, and year): 3-30-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Sarah A. Purcell, 6311 Harford Rd.

15 Filed MAR 7 - 1929 ... JONES, ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-5 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to March 5, 1929, that I last saw her alive on March 5, 1929 and that death occurred, on the date stated above, at 2 P m

The CAUSE OF DEATH* was as follows:

Myocarditis

Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred. L. Zimmerman M. D.

3-6, 1929 (Address) 2855 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 3-8 1929

20 UNDERTAKER: Leonard J. Rusk ADDRESS: 6403 Lyndhurst

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43787

CERTIFICATE OF DEATH

44 E 43787

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Ensor ST. 4-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret A. Geisler

(a) RESIDENCE NO. 1313 Ensor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced (or) WIFE of: Mr. Michael Geisler

6 DATE OF BIRTH (month, day, and year): Nov. 18th 1852

7 AGE: Years 72 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min. 18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Lawrence Brunnworth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Brandmaier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Herman J. Geisler

(Address): 1313 Ensor St

15 Filed [illegible] 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928 to Mar 6 1929.

that I last saw h alive on Mar 6 9:50 A 1929

and that death occurred, on the date stated above, at 9:50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray Physical & Chemical

(Signed) Wallace Thomas M. D.

March 9 1929 (Address) 1228 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 9 1929

20 UNDERTAKER: Henry Hoech Sons Inc. — ADDRESS: 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

43788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43788

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No.) 13-59 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hattie Kingsberg

(a) RESIDENCE No. 607 Whitelock ST. WARD 19.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Emanuel M. Kingsberg

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Isaac Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carolina Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hosp. Records

(Address)

15 Filed 3-1-1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929. to March 6, 1929.

that I last saw her alive on March 6, 1929

and that death occurred, on the date stated above, at 6:40 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis (2 attacks in past month.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jacob J. Singer, M. D.

3/6, 1929 (Address) West Balto. General

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lawn Cemetery Brooklyn, N. Y.

DATE OF BURIAL 3/8/ 1929

20 UNDERTAKER Baird Sonderson

ADDRESS 1820 W. Mt. Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

E 43789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 66 E 43789

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospt St. 4 Ward)

2-FULL NAME Gus Toll

(a) RESIDENCE NO. Annapolis Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: ~~Color~~ Col

5 Single, Married, Widowed, or Divorced, (write the word): Sad Run

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 33 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Annapolis Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.....

Registrar

THE MORGUE 5341

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) M. S. Culley M. D.

(Coroner)

(Address) 1629 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 6 hours yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health.

Per Wm. E. Woodall

very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND. MAR 7 - 1929

Cor.—10-10-29—A Co.—100 Bks.

E 43790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

E 43790

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 230 N. Bond St St., 6-9 Ward)

2-FULL NAME Robert Washington

(a) RESIDENCE NO. 230 N. Bond St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) "

14 Informant N. E. Police
(Address)

15 Filed MAR 7 1929 [illegible] Registrar

3942

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Disease

(Probably Luetic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.

3/6/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS MAR 7 - 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 43791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43791

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital, 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Anderson

(a) RESIDENCE NO. 608 Comb Alley, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Unknown

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed MAR 7 - 1929 Registrar

3348

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Gittel, M. D.

3/2 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

MAR 7 - 1929

Per Wm. E. WOODALL

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43792

CERTIFICATE OF DEATH

76

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 26-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Smith.

(a) RESIDENCE NO. Columbia Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. — How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Feb. 8 1858

7 AGE: Years 70 | Months 0 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

91

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Household

(b) General nature of industry, business, or establishment in which employed (or employer): —

637

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Conestoga Co. Pa.

PARENTS

10 NAME OF FATHER: August Schuler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baden Germany

12 MAIDEN NAME OF MOTHER: Mary Bold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bavaria Germany

14 Informant: Mt Hope Rec'ds

(Address): Mt Hope Retreat

15 FILED MAR 7 - 1929 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7. 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to March 7, 1929, that I last saw h[illegible] alive on March 6, 1929 and that death occurred, on the date stated above, at 6.45a m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Convulsions)

(duration) 25 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Dementia

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Col. Columbia Co. Via Auto

DATE OF BURIAL: Mar 7 1929

20 UNDERTAKER: J. John F. Denny

ADDRESS: 115 Light St

Spec.—12-9-25—A Co—200 Bks.

E 43793

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 43793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 911 N. 33rd St. 13-51 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Andrew Metrangle

(a) RESIDENCE NO. 911 N. 33rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): c

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: c

6 DATE OF BIRTH (month, day, and year): Mar 6, 1929

7 AGE — Years | Months | Days | IF LESS than 1 day 7 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: c

(b) General nature of industry, business, or establishment in which employed (or employer): c

(c) Name of employer: c

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: John J Metrangle

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mildred I Eaton

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs Eaton

(Address): 911 N. 33rd St

15 Filed [illegible] Registrar

7-1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1929, to Mar 6, 1929, that I last saw him alive on Mar 6, 1929, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH was as follows:

Debility, Premature

Foramen Ovale not Closed

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Fair, M. D.

3-7, 1929. (Address) 2704 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mary Franklin — Date of Burial 3/8 1929

20 UNDERTAKER: J Harlan Davis — ADDRESS 330 Paine St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002

E 43794

E 43794

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (ST.) (WARD) 4-7b

2—FULL NAME Mary Taylor

(a) RESIDENCE NO. 755 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1849

7 AGE: 80 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Cornelius Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Nellie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lutmoon

14 Informant: Records

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-5-29

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 19 29 to 3-5 19 29

that I last saw her alive on 3-5 19 29

and that death occurred, on the date stated above, at 825 A m.

The CAUSE OF DEATH* was as follows:

Arteris-sclerosis and hypertension

Lutmoon Senility (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) H. M. Slack M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: 3-8 1929

20 UNDERTAKER: Samuel Easton ADDRESS: 916 Eager

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43795

101-001

CERTIFICATE OF DEATH

E 43795

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 1622 WARD)

2—FULL NAME Edward Robinson

(a) RESIDENCE NO. 812 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): 1894

7 AGE: 35 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Records (Address)

15 Filed JAN 7 1929 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-5-29

17 I HEREBY CERTIFY, That I attended deceased from 3-2, 1929, to 3-5, 1929, that I last saw h[e] alive on 3-5, 1929, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Meningitis - organism undetermined (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3-8 1929
20 UNDERTAKER: Daniel Cook	ADDRESS 916 Da ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43796

CERTIFICATE OF DEATH

× 101-901 E 43796

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Elam

(a) RESIDENCE NO. 848 Vine ST., WARD Charlotte Sr
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O&O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER unk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk.

14 Informant Sylvester White

(Address) 848 Vine St.

15 Filed 7 1929 C. HAMPSON JONES, M. D. Registrar

Per DKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/29

17

I HEREBY CERTIFY, That I attended deceased from 2/25, 1929, to 3/2, 1929

that I last saw h alive on 3/2, 1929

and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralytic Illness. Comatose at

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Charles H. Hill, M. D.

3/2, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lebanon Baptist Cemetery Charlotte Co., DATE OF BURIAL 3/7/29

20 UNDERTAKER Chas Hebb R Williams ADDRESS 922 N. Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43797

E 43797

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. [illegible] ST., 3-5 WARD)

2—FULL NAME Louis Gustianna

(a) RESIDENCE NO. 1401 Eastern ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1844.

7 AGE: 85 Years | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Mario Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Carbongelo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Records

(Address)

15 Filed 7-1929, 19 [illegible] Registrar

C. HARRISON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-4-29

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1929, (to 3-4, 1929

that I last saw him alive on 3-4, 1929

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Emphysema, Chr. Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Work, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem

DATE OF BURIAL: March, 1929

UNDERTAKER: Randall J. Hoppe

ADDRESS: 300 S Eden

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43798

CERTIFICATE OF DEATH

E 43798

REGISTERED NO. 129

I—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3237 Abell Ave. ST. 12-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Abrhams

(a) RESIDENCE NO. 3237 Abell Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Warrington

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm. H. Abrahams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ursula Kimberley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Grace H. Sherman

(Address) 3237 Abell Ave.

15 Filed 3-7-1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to March 6, 1929, that I last saw h live on March 5, 1929 and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Thrombosis of left middle cerebral artery

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Chr. Nitr. Nephritis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) William R. Straight, M. D.

3/6, 1929 (Address) 2225 St. Paul St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Mar. 8, 1929

20 UNDERTAKER John C. Mitchell & Sons, ADDRESS 1900 Eutaw Pl.

John C. Mitchell & Son.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43799 — CERTIFICATE OF DEATH — 100-001 — E 43799

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A. Welsh

(a) RESIDENCE NO. 922 University Pk ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary D Welsh

6 DATE OF BIRTH (month, day, and year) Nov 20, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Treasurer of M S Levy

(b) General nature of industry, business, or establishment in which employed (or employer) Hat Manuf'r. 086

(c) Name of employer M. S. Levy

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Beathea Muirhead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs Mary D Welsh

(Address) 922 University Pkwy

15 Filed 7 1929 19 C. HARRISON JOHNS Registrar

16 Burial

17 Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929 to Mar 7, 1929

that I last saw him alive on Mar 7, 1929

and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate
Pulmonary Embolism or Infarction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia & Pyelitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 25, 1929

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Halsman Jones, M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	March 11 1929

20 UNDERTAKER Chas. O. Mitchell & Sons ADDRESS 140 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43800

CERTIFICATE OF DEATH

129

E 43800

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1904 Eutaw Place ST. (14-26) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lollie Schloss Halle

(a) RESIDENCE NO. 1904 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Isaac Halle

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Schloss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Heirshman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Isaac Halle (Address) 1904 Eutaw St.

15 Filed 7 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1929.

17 I HEREBY CERTIFY, That I attended deceased from —, 1913, to March 7, 1929, that I last saw h[illegible] alive on March 7, 1929 and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Left Hemiplegia)

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiovascular Renal Dis (duration) 16 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis C. Hamburger M. D.

March 7, 1929 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	3/8/ 1929
20 UNDERTAKER Herrid Sondheim	ADDRESS 115-16 W. Mt. Royal Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43801

1—PLACE OF DEATH

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2138 McCulloh St. WARD)

2—FULL NAME Henrietta Vannorsdey

(a) RESIDENCE NO. 2138 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

6 DATE OF BIRTH (month, day, and year) 3 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Louis Vannorsdey
(Address) 2138 McCulloh St

15 Filed MAR 7 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-29

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Mar 5, 1929, that I last saw h[illegible] alive on Mar 5 1929 and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/7, 1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lamel Cemetery — DATE OF BURIAL 3/8/1929

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 631 Dumpf

Spec.-7-17-26—A Co.—200 Bks.

E 43802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43802

1-PLACE OF DEATH Mercy Hospital REGISTERED NO. 18-76

City of BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Frey

(a) RESIDENCE NO. 738 W Balto St. Ward Brunswick Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1911

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	18	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oven boy

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Mills

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Va

PARENTS

10 NAME OF FATHER Ben. W. Frey Va

11 BIRTHPLACE OF FATHER (City or town) ... (State or country)

12 MAIDEN NAME OF MOTHER Hattie L Shuff

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Md

14 Informant ... (Address) Brunswick Md

15 Filed 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 3-7-29

17 I HEREBY CERTIFY, That I attended deceased from 2-3, 1929, to 3-7, 1929, that I last saw him alive on 3-7, 1929, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) ... yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Metastatic abscess from finger (duration) ... yrs. 1+ mos. ... da.

18 Where was disease contracted

If not at place of death? ...

Did an operation precede death? Yes Date of 2/15/29 + 2/17/29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) J. J. Lynch, M. D.

3/7/29 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL G. H. Fuhr & Son Date of Burial Mar 9 1929

20 UNDERTAKER Brunswick Md ADDRESS Brunswick Md

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43803. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 43803

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Burden

(a) RESIDENCE NO. 17 E. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wid [illegible]

6 DATE OF BIRTH (month, day, and year) May 20, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Baltimore

PARENTS

10 NAME OF FATHER Adam Petrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosetta J

(Address)

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-29

17 I HEREBY CERTIFY, That I attended deceased from 6-10, 1926, to 3-6, 1929, that I last saw h alive on 3-6, 1929, and that death occurred, on the date stated above, at 6 19 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes Physical Exam + X-Ray

What test confirmed diagnosis?

(Signed) [illegible] M. D.

[illegible], 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	3 8 29
20 UNDERTAKER	ADDRESS
[illegible] Cook	1217 E Lond St

Spec.—2-29-28—L. F. S.—500 Bks.

George Cooley

HEALTH DEPARTMENT—CITY OF BALTIMORE

22722

E 43804

CERTIFICATE OF DEATH

27-001 E 43804

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 10-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Cooley

(a) RESIDENCE NO. 718 E. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Wilbert Cooley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

MAR 8 1929 JOHNS, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to March 5, 1929, that I last saw him alive on March 5, 1929 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. mos. 22 ds.

CONTRIBUTORY – (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 3 8 1929

20 UNDERTAKER W. M. Cook

ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43805

CERTIFICATE OF DEATH

101-001

E 43805

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1804 Bolton ST., 14-20 (WARD)

2—FULL NAME Margaret Virginia Jenkins

(a) RESIDENCE NO. 1804 Bolton St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. - mos. - ds. How long in U. S., if foreign birth? - yrs. - mos. - ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	11	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn
(State or country) New York

PARENTS

10 NAME OF FATHER Raymond J. Jenkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ethel L. Lanius

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn
(State or country) New York

14 Informant Raymond J. Jenkins
(Address) 1804 Bolton Street

15 Filed MAR 8 1929, 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 19 29, to March 6, 19 29

that I last saw h[illegible] alive on March 5, 19 29

and that death occurred, on the date stated above, at 2.10A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. E. Jones, M. D.

3/7, 19 29 (Address) 720 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/9 19 29

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 800 N. Calvert

Cor.—10-10-29—A Co.—100 Bks. Frances Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43806

CERTIFICATE OF DEATH

74-001

E 43806

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St., 18-76 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Brown

(a) RESIDENCE NO. 1101 W Fairmount Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec. 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	45	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Prince George County
(State or country) Md

PARENTS

10 NAME OF FATHER Jno H. Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Hall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant James Brown
(Address) 1101 W. Fairmount Ave

15 Filed MAR 8 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Gpath's residence

Did an operation precede death? No Date of

Was there an autopsy? No

What lesl confirmed diagnosis? Clinical

(Signed) James M. Kemp M. D.

3 6 1929 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Mch 9th 1929

20 UNDERTAKER A. Jones

ADDRESS 1115 E Gilmor St

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 43807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1933 Lauretta Ave. St., 70-27 Ward)

2-FULL NAME Wm A. Cole

(a) RESIDENCE NO. 1933 Lauretta St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theodocia Cole

6 DATE OF BIRTH (month, day, and year) Jan 10-1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm Cole

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Theodora Cole
(Address) 1933 Lauretta

15 Filed ..., 1929 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Apoplexy (duration) ... yrs. Sudden

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hoffnick, M. D.
Mar 7-1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mch 11 1929

20 UNDERTAKER James H. Chase Sons ADDRESS 1400 Walker

important. See instructions on back of certificate.

MAR 8 1929

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43808

CERTIFICATE OF DEATH

31 E 43808

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 140 Colvin St St., 5-8 Ward)

2-FULL NAME David Eugene Brown

(a) **RESIDENCE NO.** 140 Colvin St St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	black	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Brown

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in whirh employed (or employer) _____
(c) Name of employer

9 BIRTHPLACE (rity or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER Charles H. Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Catherine Brown

13 BIRTHPLACE OF MOTHER (rity or town) _____
(State or country) Montgomery Co. Md.

14 Informant Clara C. Brown (Sister)
(Address) 3422 Reservoir Road Wash D.C.

15 Filed MAR 8 1929 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No What test confirmed diagnosis? Inspection. Appearance

(Signed) [signature] M. D.

3/7/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. — DATE OF BURIAL 3-8 19 29

20 UNDERTAKER Byron Wright 2128 Pa Ave — ADDRESS

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Abeseman's

43809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43809
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 355 S. Fulton St. 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Abramman

(a) RESIDENCE NO. 355 S. Fulton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Abramman

6 DATE OF BIRTH (month, day, and year) Sept 20 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Governman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Benj Abramman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sohra

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Minnie Abramman

(Address) 355 S. Fulton

Filed MAR 8 - 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas H Brosh M. D.
(Coroner)

3/7, 1927 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 3/8 1929

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balto St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43810

CERTIFICATE OF DEATH.

43810

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 3-5 WARD) 129

2-FULL NAME Sarah Edelson

(a) RESIDENCE NO. 1074 Granby ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Edelson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
65	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Isaac Edelson
(Address): 1074 Granby St

15 Filed 3 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/1 19 29

17

I HEREBY CERTIFY, That I attended deceased from 2/27, 19 29, to 3/1, 19 29,
that I last saw her alive on 3/1, 19 29,
and that death occurred, on the date stated above, at 4:15 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary): Chr. nephritis; arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Exam.

(Signed) A. J. Silver, M. D.

3/7 19 29 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rock Road — DATE OF BURIAL: 3/8 19 29

20 UNDERTAKER: Jack Levis — ADDRESS: 1439 E Baltimore

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43811 181-00 E 43811

CERTIFICATE OF DEATH

E 43811

1-PLACE OF DEATH

City of Baltimore: (No. 1430 N. Gay St St., 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence C. Frederick

(a) RESIDENCE NO. 1509 E. Lanvale St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26/1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	31	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R.Shops

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles C. Frederick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Louise Bobeker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mother

(Address) 1509 E. Lanvale St

15 Filed 8-8-1929 19 C. Harrison Jones Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Mar5 or 6/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Probably Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Pumphrey, M. D.

3/7/29 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 9 19 29
20 UNDERTAKER	ADDRESS
Frank Dyer	600 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

E 43812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43812

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 565 Hoffman W ST., 17-24 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madora Watts

(a) RESIDENCE No. 565 W Hoffman ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Blk	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Watts

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mabel Watts
(Address) 565 W Hoffman

15 Filed 3/7 1929. C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/15 1929 to March 4 1929.
that I last saw her alive on March 4 1929.
and that death occurred, on the date stated above, at 11.30 P m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos 19 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency
(duration) yrs. 11 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman M. D.

1929 (Address) 636 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/8 1929

UNDERTAKER Samuel Wensley

ADDRESS 571 N Bdle

Spec.—2-29-28—L. F. S.—500 Bks.

43813

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 43813

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 5-6 ST., (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick Jennings

(a) RESIDENCE NO. Leavenny Hause ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 75 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jennings. not given

6 DATE OF BIRTH (month, day, and year) Feb. 4-1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coach driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McNamara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Rearden

(Address)

15 Filed 8 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-29

17 I HEREBY CERTIFY, That I attended deceased from 5-22-23 to 3-7-29

that I last saw him alive on 3-7-29

and that death occurred, on the date stated above, at 1.25 A. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis. Benign Prostatic Hypertrophy (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 9 1929.
20 UNDERTAKER	ADDRESS
Charles J. Schwab.	505 N. Monroe St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43814

CERTIFICATE OF DEATH

11-002 E 43814

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 610-Brant ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha A. Lewis,

(a) RESIDENCE NO. 610-Brant ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lewis

6 DATE OF BIRTH (month, day, and year) 2/15/1850

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
19 78	—	23		X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John A. Robinson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Ella Lewis

(Address) 610-Brant St

15 Filed 8-1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 4, 1929, that I last saw h— alive on March 4, 1929, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH was as follows: (a) La Grippe

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Exam

(Signed) R. Gaines Chamberlain M. D.

March 6, 1929 (Address) 1334 — Dr. Ill. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 3/7/29 19

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43815

CERTIFICATE OF DEATH.

167-001

E 43815

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1313 N. Eberle St. 12-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albertina A. Hammer

(a) RESIDENCE NO. Wilmington Del (Usual place of abode) St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: 71 Years Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Sweden

(State or country)

PARENTS

10 NAME OF FATHER: Jno S. Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Sweden

12 MAIDEN NAME OF MOTHER N. Peterson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Sweden

14 Informant: W. T. Hames

(Address) 2317 Market St Wilmington

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illum. Gas.. most probably Suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism.

(duration) yrs. mos. ds.

(Signed) W. J. Peters M. D.

(Coroner)

, 19 29 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 wks yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington Del Date of Burial Mar 8 1929

20 UNDERTAKER: [illegible] ADDRESS: 1207 Market

C. [illegible] Jones Jr.

Per

Via Amer. Express to P.R.R.

very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43816

90 E 43816

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 713 E. Biddle Street St., 10-14 Ward)

2-FULL NAME Clara E. Brady

(a) RESIDENCE NO. 713 E. Biddle St. St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
March 13th, 1859

7 AGE Years	Months	Days 23	IF LESS than 1 day hrs. or min.
69	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Pennsylvania
(State or country)

PARENTS

10 NAME OF FATHER John S. Brady

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER
Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) Penna.
(State or country)

14 Informant Anna Leitch (Sister)
(Address) 1922 Wilhelm St.

15 Filed ..., 19... Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Probably chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Information

(Signed) Jos. H. Watkins, M. D.

3-8-, 1929 (Address) 508 E. North Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	3/8/29
20 UNDERTAKER	ADDRESS
Geo. A. Farley	Fulton & Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Mary Benson Hall

E 43817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21 E 43817

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Todd) ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Benson Hall

(a) RESIDENCE NO. 118 Colvin st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 87

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lita Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed MAR 8 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 29, to March 4 29,

that I last saw her alive on March 4 29

and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Amy C. Smith, M. D.

3-5-, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	3-8th 1929
20 UNDERTAKER	ADDRESS
Jas. Dr. Schmied	1620 E. Madd St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43818

E 43818

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2034 Fountain St. ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Szymanik

(a) RESIDENCE NO. 2034 Fountain St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14 1914

7 AGE	Years	Months	Days 23	If LESS than 1 day, hrs. or min.
	14	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacub Szymanik

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Ludurka Koczor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Ludurka Szymanik

(Address) 2034 Fountain St. M. D.

15 Filed 8 1929, 19 CLAUDIUS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 29, to Mch 7, 19 29,

that I last saw h alive on Mch 5, 19 29

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Decompensated

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Rheumatism (4 yrs ago)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos H Jenkins, M. D.

3/7. 1929 (Address) 2078 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 9 1929
20 UNDERTAKER	ADDRESS
John M Weber	40 S Chester

IMPORTANT: SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43819

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH

REGISTERED NO. E 43819

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST., 24-34 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME (Baby) Padgett

(a) RESIDENCE NO. 1525 Light ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7. 1929

7 AGE — Years | Months | Days | If LESS than 1 day, 16 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Sage Padgett

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Ida Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Hospital Record

(Address)

15 Filed MAR 8 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7. 1929

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 7, 1929

that I last saw h[illegible] alive on March 7, 1929

and that death occurred, on the date stated above, at 8[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Hemorrhagic Disease of Newborn (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis

(Signed) [illegible] M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Q.C.

DATE OF BURIAL: Mar 8 1929

UNDERTAKER: M. J. Flynn

ADDRESS: 1422 Light

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43820

CERTIFICATE OF DEATH

181-001 E 43820

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4 2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weskolek

(a) RESIDENCE NO. 664 W. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CO poisoning. Accidental death (Illuminating Gas)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 664 W Fayette St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

3/3. 19 29 (Address) 733 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

THE MORGUE.

UNIVERSITY OF MARYLAND

MAR 8-1929

Commissioner of Health

Per N. E. Worrall

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43821
1-PLACE OF DEATH

CERTIFICATE OF DEATH

161-001 E 43821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 2932 Elliott St., 1-1 Ward)

2-FULL NAME Charles Wells

(a) RESIDENCE NO. 2932 Elliott St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 7 mos Gestation Mar 2 1929

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Charles Wells

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Troy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto City

14 Informant Charles Wells
(Address) 2932 Elliott St

15 Filed ....., 19.... H. JULIAN JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature 7 mos Gestation, Father out of work Mother poorly Nourished Ch. Child shows signs of Inanition (duration) 2 days

CONTRIBUTORY (Secondary) Inanition (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

3 6. 1929 (Address) 702 Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

UNDERTAKER Flemming Bauer Health.

ADDRESS

MAR 8 1929 THE MORGUE

MAR 8 - 1929

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43822

CERTIFICATE OF DEATH

66

E 43822

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St. 16-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jack Roberts

(a) RESIDENCE NO. unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about 55				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Prob'ly Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER Roberts

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant
(Address)

15 Filed MAR 8 1929 James H. Jones M. D. Registrar

THE MORGUE. 3351

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
in Hospital 30 hrs
Was found on floor

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Drinking Habits unknown

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James H Jones M. D.

3 6 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health MAR 8 1929

Fee, $1.00 to be paid

If DEATH is due to plain means, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E43823. HEALTH DEPARTMENT—CITY OF BALTIMORE E43823

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2812 Keyworth Ave ST. 15-56 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Utterbaugh

(a) RESIDENCE NO. 2812 Keyworth Ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Utterbaugh

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 73 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: M. Stossey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thos Strohm

(Address) 2812 Keyworth ave

Filed MAR 8 - 1929 H. M. JONES, M. D. Registrar

Per ROF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb-19 1929, to Mch 6 1929, that I last saw h[illegible] alive on Mch 5 1929, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs. — mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas C. Conser, M. D.

3/8 1929 (Address) 1101 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 3/9 1929

20 UNDERTAKER: Robert Burns & Son

ADDRESS: Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43824

CERTIFICATE OF DEATH.

E 43824

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ST. 10-27 WARD)

2-FULL NAME Otto J. Zinke.

(a) RESIDENCE NO. 3425 E. Lombard St ST. 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs 2 mos 24 ds. How long in U. S., if of foreign birth? yrs mos ds
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence K. Zinke

6 DATE OF BIRTH (month, day, and year) Dec 8th 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
56	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baltc. Copper Co

(b) General nature of industry, business, or establishment in which employed (or employer) Works.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Girard Zinke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sybila Jean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Florence K. Zinke
(Address) 3420 E. Lombard St

15 Filed 8-1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1929 to March 6, 1929.
that I last saw h live on March 6, 1929
and that death occurred, on the date stated above, at 4 05 P m.

The CAUSE OF DEATH* was as follows:

Post Operative ~~Intestinal Obstruction~~ Generalized Peritonitis

CONTRIBUTORY (Secondary) Gastric ulcers (2) (duration) yrs mos ds

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/28/29

Was there an autopsy? Yes

What test confirmed diagnosis? ~~Clinical Signs~~ Operative & Path. findings

(Signed) Benj. Klatz M. D.

. 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Mch 11 1929

20 UNDERTAKER Libby & Zeiler Inc — ADDRESS 4035 Hoff. Av

Spec.—2-29-28—L. F. S.—500 Bks.

E 43825 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-09 E 43825

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 339 S. Elinton ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia L. Hogan

(a) RESIDENCE NO. 339 S. Elinton ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hogan.

6 DATE OF BIRTH (month, day, and year) July 2nd 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Enrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bibb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant John W. Hogan Husband
(Address) 339 S. Elinton St

15 Filed 8-1929, 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929, to March 6, 1929, that I last saw h[illegible] alive on March 6, 1929 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza Chronic Myocarditis (duration) yrs. mos. 22 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. McClanahan M. D.

3/8, 1929 (Address) 3508 Edmondson Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Mch 9 1929
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Blks. Washington C Bradyhouse

E 43826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 2 9

E 43826

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 520 N. Linwood Ave ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Washington E. Bradyhouse

(a) RESIDENCE NO. 520 N. Linwood Ave ST. 7 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Eliz. Bradyhouse

6 DATE OF BIRTH (month, day, and year) Oct 7 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Richard Bradyhouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Harriett Ann Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Richard B. Wheeden

(Address) 1515 N. Caroline St

15 Filed 8-1929, 19 CARSON JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7/29

17 I HEREBY CERTIFY That I attended deceased from Oct. 18, 1929, to March 7, 1929, that I last saw h[illegible] alive on March 6, 1929 and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav C. Thieme, M. D.

, 19 (Address) 16 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL March 9th 1929

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 4038 Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43827 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43827

CERTIFICATE OF DEATH

8-13 129

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 1216 N. Broadway ST., 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine F Riehl

(a) RESIDENCE NO. 1216 N. Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Charles F Riehl

6 DATE OF BIRTH (month, day, and year) Nov 13 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	22nd	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry B. Lock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Mauk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Mary Burch
(Address) 1216 N. Broadway

15 Filed ..., 19 ... Registrar

8-1929 April

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Mar 7 1929 that I last saw h alive on Mar 7 1929 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Symptomatology

(Signed) Walter Stone, M. D.

Mar 8 1929 (Address) 1228 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	March 9 1929
20 UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

Spec.—2-29-28—L. F. S.—500 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43828

CERTIFICATE OF DEATH

E 43828

1—PLACE OF DEATH

REGISTERED NO. 90 4-28

CITY OF BALTIMORE: (No. 333 South Mount ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Jr. MacFarlan

(a) RESIDENCE NO. 333 South Mount ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McFarlan

6 DATE OF BIRTH (month, day, and year) June 6-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) Produce

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bolto Ind

PARENTS

10 NAME OF FATHER James McFarlan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Randall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisonville Ind

14 Informant Mrs Hooper

(Address) 333 S. Mount St

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-29

17 I HEREBY CERTIFY, That I attended deceased from Mch 5 19 29 to Mch 6 19 29

that I last saw him alive on Mch 5 19 29

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis
Interna Chronic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) C. B. Hutchinson M. D.

3/7 19 29 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/9 19 29

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul

Cor.—10-10-29—A Co.—100 Bks.

E 43829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88-403 E 43829

1-PLACE OF DEATH
City of Baltimore: (No. Shila Rd West Ave St.) 26-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence E. LeRoy

(a) RESIDENCE NO. 3305 Shila Road St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1921

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	7	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Glenn W. LeRoy

11 BIRTHPLACE OF FATHER (city or town) Ill.
(State or country)

12 MAIDEN NAME OF MOTHER Florence Griffs

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Mrs. LeRoy
(Address) 3308 McElderry St.

15 Filed 8-1929 C. HARRISON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH was as follows:

Auto Acc
Multiple Fractures

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. W. Glades M. D.
19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Mar. 9 1929

20 UNDERTAKER John Aumann — ADDRESS 3006 E. Baltimore St.

Use black or blue ink in filling this certificate. Be sure it may be properly classified. Each statement of fact is important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 43830 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43830

CERTIFICATE OF DEATH.

101-6-42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4312 Glenarm Ave ST. (WARD) 26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gilbert Beebe Keys

(a) RESIDENCE No. 4312 Glenarm Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M Keys

6 DATE OF BIRTH (month, day, and year): Nov 28-1882

7 AGE — Years: 46 — Months: 4 — Days: 3 9 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Independent Hill Va

PARENTS

10 NAME OF FATHER: Henry Keys

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Lucy Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14

Informant: Annie M. Keys

(Address) 4312 Glenarm ave

15

Mar 9 1929 .19 Clarence Jones M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar 1 .19 29 to Mar 7 .19 29

that I last saw him alive on Mar 6 .19 29

and that death occurred, on the date stated above, at 12.01 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Etharnstoon

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Di Stefano M. D.

Mar 7 1929 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: Mar 9 1929

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec. 1-10-21 M&T 1500 Bks.

E 43831 HEALTH DEPARTMENT—CITY OF BALTIMORE

Shiel

101-84 43831

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Ellamont ST. 15-61 WARD)

2-FULL NAME Margaret O'Neill Shiel

(a) RESIDENCE No. 2205 Ellamont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Michael P. Shiel

6 DATE OF BIRTH (month, day, and year): April 14th 1891

7 AGE: Years 37 Months 10 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York N.Y.

PARENTS

10 NAME OF FATHER: Dennis O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Julia Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: M. O. Shiel

(Address): 2205 Ellamont St.

15 Filed 8 - 1929 C. HAMPSON JONES, Registrar

By RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-7- 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-1- 1929, to 3-7- 1929, that I last saw her alive on 3-7- 1929, and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Amerith Sorell M. D.

3/7, 1929 (Address) 3705 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Pleasant Cem. Md. DATE OF BURIAL: March 1929

20 UNDERTAKER: Henry H. Curtis Sons

ADDRESS: McCulloh

FRONT—Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2 Ev 43832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 44 E 43832

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert F Fleming

(a) RESIDENCE NO. Morgantown W Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs C. F. Fleming

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W Va

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): W Va

12 MAIDEN NAME OF MOTHER: Rachael Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 8-1929, 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to March 7, 1929

that I last saw him alive on March 7, 1929

and that death occurred, on the date stated above, at 11 25 P m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Stomach

CONTRIBUTORY (Secondary) Local Peritonitis (duration) yrs. 7 mos. ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 2 21 29

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Harold Trumbestein, M. D.

Mar 8, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgan Town W Va

DATE OF BURIAL: March 8 1929

20 UNDERTAKER: Hurst Perkins & Co

ADDRESS: Charles & Mt Royal

Spec.—1-12-23—M&T—500 Blks.

E 43833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cornish

(a) RESIDENCE No. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lucretia Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley Sts

15 Filed Mar 8 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1929

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h[illegible] alive on March 3 , 1929 , and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Mar 8 , 1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar 9 1929

20 UNDERTAKER Rilo Weidefeld

ADDRESS 914 Greenmt Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43834

CERTIFICATE OF DEATH

129

E 43834

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Wash. Blvd ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E. Stroh

(a) RESIDENCE NO. 1220 Wash Blvd ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 11, 1856

7 AGE: Years 73 | Months 0 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Conrad Stroh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jeanette Schumacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Louis Stroh

(Address) 2409 Edmondson Ave

15 Filed 3-19-1929

Registrar C. Harrison Jones M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7. 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 9. 1929. to March 7. 1929.

that I last saw her alive on March 6. 1929

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. J. O'Neill M. D.

3/8. 1929 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: March 11 1929

20 UNDERTAKER: Mrs. John W. Pinfel & Son — ADDRESS 701 W. Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

E 43835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43835

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Pinehart ST., 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John J. Miller

(a) RESIDENCE NO. 863 Pinehart ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Miller

6 DATE OF BIRTH (month, day, and year) Sept 24 1890

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	37	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement Mason

(b) General nature of industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blanche Miller (widow)

(Address) 863 Pinehart st

15 Filed ..... 19 ..... Registrar

Dr. O. Miller, 1119 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17

I HEREBY CERTIFY, That I attended deceased from 3/4 . 19 29 . to 3/5 . 19 29

that I last saw him alive on 3/5 . 19 29

and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F. H. Johnson M. D.

3/6 . 19 29 (Address) 1119 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Run — DATE OF BURIAL 3-9 19 29

19 UNDERTAKER Daniel Carlos — ADDRESS 916 Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

E 43836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 43836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 871 Arlington ave St. 16-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. Curtis

(a) RESIDENCE NO. 871 Arlington ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Curtis

6 DATE OF BIRTH (month, day, and year): 8-8-

7 AGE: Years 31 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Porter

(c) Name of employer: Penn R.R.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md "

14 Informant: Alice Curtis
(Address): 871 Arlington ave

15 Filed 8-1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/8/ 1929

17 I HEREBY CERTIFY, That I attended deceased from 4/27 1927 to 3/8/29 1929

that I last saw him alive on 3/8/29 1929

and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Hard work

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

Signed: R. Lee Slack M. D.

(Address) 424 Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3-9 1929

20 UNDERTAKER: Dan'l Easter Co

ADDRESS 916

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43837

CERTIFICATE OF DEATH

E 43837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 906 Argyle St. 17-23 (Ward)

2-FULL NAME Jas Anderson

(a) RESIDENCE NO. 906 Argyle St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Anderson

6 DATE OF BIRTH (month, day, and year): Mar 15 1873

7 AGE: Years 56 | Months 11 | Days 23 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Va
(State or country): "

PARENTS

10 NAME OF FATHER: David Anderson

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER: Sarah White

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country): "

14 Informant: Henrietta Anderson
(Address): 906 Argyle

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 7th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry)
on ... and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Hypertension (duration) yrs. Known,

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hoffman, M. D.
May 9 1929 (Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5-9 1929

20 UNDERTAKER: James Carton — ADDRESS 916 Ca ave

6 1929 (C) PARKIN PRINT WORKS

For ...

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43838

CERTIFICATE OF DEATH.

112 E 43838

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1516 Bank St. St. 34 Ward)

2-FULL NAME Anna Staniewicz

(a) RESIDENCE NO. 1516 Bank St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Staniewicz

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Bertha Sabay

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md.

14 Informant Bertha Staniewicz

(Address) 1516 Bank St.

15 Filed _____ 19 _____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Tuberculosis

(Duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) _____ yrs. _____ mos. 1 ds.

8/29, 19 (Signed) G. O. Cradell M. D. (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial: March 9 1929

20 UNDERTAKER: John M Weber ADDRESS: 401 S Chester

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43839

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43839

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 215 S. Chester ST., 1-3 WARD)

2—FULL NAME Dolores Sokolowska

(a) RESIDENCE NO. 215 S. Chester ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 24 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work NONE

(h) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Alex. Sakolowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Nietubicz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Anna Nietubicz
(Address) 215 S. Chester St.

15 Filed 8 1929, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6-29

17 I HEREBY CERTIFY, That I attended deceased from March 4, 19 29, to March 6, 19 29,
that I last saw h— alive on March 6, 19 29
and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 3 ds.,

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) H. Antignani, M. D.

, 19 (Address) 2742 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Mar. 9 29

20 UNDERTAKER W. Grazewski ADDRESS 1930 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-001 ✓ E 43840

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 202 E. Eastle ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josefa Szymanska

(a) RESIDENCE NO. 202 E. Eastle ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laurance

6 DATE OF BIRTH (month, day, and year) March 1843

7 AGE 95 Years 96 | 11 Months | 17 Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: William Frank

(Address) 202 E. Eastle St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1929

17 I HEREBY CERTIFY, That I attended deceased from January 25, 1929, to March 6, 1929, that I last saw h alive on March 5, 1929, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Conditions

(Signed) L. P. Semanski M. D.

3-2, 1929 (Address) 2042 East ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: March 11 1929

20 UNDERTAKER: Dr. W. E. Dupplas

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43841

CERTIFICATE OF DEATH

90

E 43841

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2401 Loney's Lane St. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agusta A. T. Schleucher

(a) RESIDENCE NO. 2401 Loney's Lane ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J.

6 DATE OF BIRTH (month, day, and year) Sept 17 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Germany Bavaria

PARENTS

10 NAME OF FATHER Adam Buchmann

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Adams

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Germany

14 Informant Amelia M. Lautenman (Address) 2401 Loney's Lane

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1929

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis, Chronic Interstitial

Fibro-Caseous Lungs

(duration) ... yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

..., 19... (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	March 1929
20 UNDERTAKER	ADDRESS
M. W. E. Ruppel	... Lane

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43842

CERTIFICATE OF DEATH

E 43842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 18 Ward)

2-FULL NAME James H. Coburn

(a) RESIDENCE NO. 745 W. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER James Coburn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Troy E. Auvil
(Address) 666 W. Balto St

15 Filed 1929 Clarence Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zilly M. D.

3/7, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Mar 6 1929
20 UNDERTAKER Chas. Sheridan	ADDRESS 316 Aisquith

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43843

CERTIFICATE OF DEATH

129 E 43843

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hospital St. 8-16 Ward)

2-FULL NAME Ernst Parsons

(a) RESIDENCE NO. 1740 N. Gay St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	22	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Parsons

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Emma Chilcoat
(Address) 326 E. 20th ST

15 Filed 19 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chr. Nephritis- Arteriosclerosis

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? at Hopkins
What test confirmed diagnosis?
(Signed) [signature] M. D.
3/3/29 (Address) 509 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 3/9 19 29

20 UNDERTAKER [signature]

ADDRESS 1217 Park Ave

- 1929 Parsons

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Levy / Symptoms Cystitis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43844

CERTIFICATE OF DEATH

91-002 / 43844

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 1308 Valley ST. 9-18 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary S Hynson

(a) RESIDENCE NO. 1308 Valley ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William F Hynson

6 DATE OF BIRTH (month, day, and year) March 25 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James L. Bolton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mollie Bolton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Howard T Altvater

(Address) 1308 Valley St

15 Filed 8 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928 to March 7, 1929 that I last saw h[illegible] alive on March 6, 1929 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Foot.
General Arterio Sclerosis

CONTRIBUTORY (Secondary) Septic poisoning (duration) yrs. 2 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

3/7/29 (Address) 800 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 3/9 1929

20 UNDERTAKER Wm Cook

ADDRESS 1215 Lombard St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Borden 1516 Kortright Ave

90 E 43845

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Chapel ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William K Lowrey

(a) RESIDENCE NO. 1623 Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Lowrey

6 DATE OF BIRTH (month, day, and year) May 2, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst Fire Chief

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C & P Telephone Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William K Lowrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Keiler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Ruby K Lowrey (Address) 1008 E Preston St

15 Filed MAR 8 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to March 7, 1929, that I last saw him alive on March 7, 1929 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis -
arteriosclerosis -
Hypertension -

(duration) yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Neal B Borden, M. D.

3/8, 1929 (Address) 1516 Kortright Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 3/9 1929

20 UNDERTAKER J. Cook

ADDRESS 1217 St Paul St.

Spec.—2-29-28—L. F. S.—500 Bks.

✓ Dr Oneal 108 N. Fulton Ave

E 43846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43846

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 843 St. (ST.) Bentalou (WARD) 6-16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Peddicord

(a) RESIDENCE NO. 843 N. Bentalou ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen B Peddicord

6 DATE OF BIRTH (month, day, and year): Feb 1, 1862

7 AGE: Years 67 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Thatcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Stephen B Peddicord

(Address) 843 N. Bentalou

15 Filed 8 1929, 19..., HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 22, 1929, to March 7, 1929, that I last saw her alive on March 6, 1929 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency of the Heart

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. A. O'Neill, M. D.

3/7, 1929 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/9 1929

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

E 43847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 43847

1—PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS 2647 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Weigle

(a) RESIDENCE NO. 5 Edgewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Weigle

6 DATE OF BIRTH (month, day, and year) Sept 17, 75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm-Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Mike J

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Barbaty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Rueta J [redacted] BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed 8 1929 C. Hamilton Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-29

17 I HEREBY CERTIFY, That I attended deceased from 9-29, 19 28, to 3-7, 19 29.

that I last saw h[illegible] alive on 3-7, 19 29

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

CONTRIBUTORY (Secondary) Posterior Lateral Sclerosis (duration) 2 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lymphocytosis

(Signed) W. M. Mech M. D.

BALTIMORE CITY HOSPITALS

, 19 [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmount Cem	3/11 19 29
20 UNDERTAKER	ADDRESS
J. M. Cook	217 S. Paul St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43848 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 43848

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO. 25-32

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William R. Salmon

(a) RESIDENCE NO. 3452 St. Lemon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	~~married~~ widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C Salmon

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Resident (Address) BALTIMORE CITY HOSPITALS

15 Filed 8 1929 C. FRANCIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-29

17 I HEREBY CERTIFY, That I attended deceased from 3-6, 1929, to 3-7, 1929, that I last saw him alive on 3-7, 1929, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Gross

(Signed) [redacted] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 3 11 1929

20 UNDERTAKER [redacted] ADDRESS 1205 Park St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43849

CERTIFICATE OF DEATH

REGISTERED NO. 8 / 5

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (WARD) 9-45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Vernay Higdon

(a) RESIDENCE NO. Kernan Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Higdon

6 DATE OF BIRTH (month, day, and year) June 11, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hospital Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Kernan Hospital

(c) Name of employer Kernan Hospital

9 BIRTHPLACE (city or town) (State or country) Howard County Md.

PARENTS

10 NAME OF FATHER Fred Vernay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md.

12 MAIDEN NAME OF MOTHER Mary Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md.

14 Informant Fred Vernay

(Address) Lakeville, Md.

15 Filed 9 1929, 19 HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929 to March 8, 1929 that I last saw her alive on March 8, 1929 and that death occurred, on the date stated above, at 10-55 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Mitral Stenosis & Mitral Insufficiency)

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Kernan Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Irby M. D.

3-9, 1929 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Hebron Cemetery Howard Co	Mar 9 1929
20 UNDERTAKER	ADDRESS
C. W. Ellicott & Son Inc	Ellicott City, Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 43850

1—PLACE OF DEATH Provident Hospital

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Warren J. Robinson White

(a) RESIDENCE NO. 2431 Woodbrook Ave

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Aug 9, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bal C. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ethel White

(Address) 2431 Woodbrook Ave.

15 Filed 9 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 1, 1929,

that I last saw h/M alive on March 1, 1929

and that death occurred, on the date stated above, at 3 15A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) [illegible], M. D.

3/7, 19 29 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Mar 9 1929

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43851

CERTIFICATE OF DEATH

100-001

E 43851

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ross Laird

(a) RESIDENCE NO. 1942 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Aug 1. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lorman Laird

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alma Fenday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alma Laird

(Address) 1942 Vine St

15 MAR 9 1929 C. PARKSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/29

17 I HEREBY CERTIFY, That I attended deceased from 2/21/29, to 3/8/29, that I last saw him alive on 3/8/29, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Gruber, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Hampton

DATE OF BURIAL March 8 3 Pm 1929

20 UNDERTAKER Chenoweth & Son

ADDRESS 367 Chestnut Ave

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43852

CERTIFICATE OF DEATH

100 E 43852

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ormi Jones

(a) RESIDENCE NO. 1161 Whatcoat St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): ~~Single~~ Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 96

7 AGE: Years 32 Months 11 Days 7 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Balto~~ (State or country) ~~Md~~ North Carolina

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (City or town) (State or country) N.C

12 MAIDEN NAME OF MOTHER Cora Kerney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C

14 Informant Irene A. Lee

(Address) 1161 Whatcoat

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/4/29, 19, to 3/8/29, 19, that I last saw h~~is~~ alive on 3/8/29, 19, and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Lung Abscess—Left Upper

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia & Exhaustion

(duration) yrs. Indefinite mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 3/4/29

Was there an autopsy? Yes

What test confirmed diagnosis? Post Mortem Exam

(Signed) J. S. Whitehead M. D.

3/8, 1929 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn — Date of Burial: Mch 11 1929

20 UNDERTAKER: Wm. H. Chase & Son — ADDRESS: 1400 Mosher

R 9 1929

CHARLES JONES, Jr.

Very important. See instructions on back of certificates. Be sure to print legibly, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43853

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

159 E 43853

CITY OF BALTIMORE: (No. 1216 Oakhurst Road ST. 16-66 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Byrne

(Residence in Baltimore: No. 1216 Oakhurst Road St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 7, 1929.
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 10 Minutes da.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: no
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, ~~(illegible)~~ Richard Byrne

11-BIRTHPLACE OF FATHER (State or Country), Middleton Md

12-MAIDEN NAME OF MOTHER Evelyn Purcell

13-BIRTHPLACE OF MOTHER (State or Country), Chicago, Ill

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm K Byrne

(Address) 2225 St Paul St

15-

Filed ..... 191...

C. HARRISON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1929
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1929, to March 7 1929, that I saw her alive on March 7 1929 and that death occurred, on the date stated above, at 8.20 p m.

The CAUSE OF DEATH* was as follows:

This was an anencephalic monster with a spina bifida involving cervical & upper dorsal region

(Duration) ... yrs. ... mos. 20 Min ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm K Byrne M. D.

3/8, 1929 (Address) 2225 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 20 min ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Sent to Obstetrical Dept of Univ. of Maryland

DATE OF BURIAL, ... 191...

20-UNDERTAKER. Jos D. Jas. Rowland. Dran

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 43854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43854

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen Hosp ST., 2435 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Eva Wright

(a) RESIDENCE NO. 1517 Oakwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 12 1889

7 AGE: Years 39 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clark Co Virginia

PARENTS

10 NAME OF FATHER: John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sarah E. Slack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hosp Records

(Address)

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 8 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1929, to Mar 8, 1929, that I last saw h[illegible] alive on Mar 8, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (21 days)

Arteriosclerosis & Hypertension?

Gall Stone Cholecystitis? Hepatitis?

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

3/9/29 (Signed) Jno A Youngquist M. D.

(Address) Mt Vernon Station

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: March 12, 1929

20 UNDERTAKER: Frederick Loeschen Sons — ADDRESS: Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 43855 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Chestnut Av ST., 13 WARD)

REGISTERED NO. 13-590

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Lillian Carroll

(a) RESIDENCE NO. 3301 Chestnut Av ST., 13 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: D. H. Carroll

6 DATE OF BIRTH (month, day, and year): Sept-14-1863

7 AGE: Years 65 Months 5 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Stambaugh

11 BIRTHPLACE OF FATHER (city or town) Spry Grove (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary J. Ebaugh

13 BIRTHPLACE OF MOTHER (city or town) Monkton (State or country) Maryland

14 Informant: Dr. H. Holland Carroll (Son)

(Address) 3301-Chestnut Ave

Filed 3-9 1929 C. HARRISON JONES, M.D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927 to March 7, 1929.

that I last saw h[illegible] alive on March 6, 1929

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Co.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. A. Hart, M. D.

3/11, 1929 (Address) P. 3 U. S. Custom House

& 3001 Huntingdon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: March 9, 1929.

20 UNDERTAKER: Stewart & Company

ADDRESS: Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43856

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1668

CITY OF BALTIMORE: (No. 2426 Harlem Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nettie Jones

(a) RESIDENCE NO. 2426 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if foreign birth 68 yrs. 2 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 31 1860

7 AGE — Years: 68 | Months: 2 | Days: 7 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Drug Business

(c) Name of employer: Sharp & Dohme Co

9 BIRTHPLACE (city or town): Dorchester Co.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Harry Jones

11 BIRTHPLACE OF FATHER (city or town): Dorchester Co

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Henrietta Crozier

13 BIRTHPLACE OF MOTHER (city or town): Cambridge

(State or country): Maryland

14 Informant: Mrs Thos W. Lewis (niece)

(Address): 3322 Woodland Ave.

15 Filed 9-1929 19 FRANCIS M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7-1929

17

I HEREBY CERTIFY, That I attended deceased from February 23, 1929, to March 7, 1929, that I last saw her alive on March 7, 1929, and that death occurred, on the date stated above, at 11.15 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary): Dementia

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C Shannon, M. D.

3/8, 1929 (Address) 700 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 9 1929
20 UNDERTAKER	ADDRESS
Lewin Memorial Company	Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 101-001

E 43857

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Singleton

(a) RESIDENCE NO. Eldridge, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie J. Singleton

6 DATE OF BIRTH (month, day, and year) March 12-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Stephen C. Singleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Emily F. Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. Singleton

(Address) Eldridge Md.

15 Filed 9 1929 G. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/29

17

I HEREBY CERTIFY, That I attended deceased from 7/2/29 19 ... to 3/7 ... 19 29.

that I last saw him alive on 3/7/29 19

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, right

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Rheumatic C-V disease

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? — Yes

What test confirmed diagnosis? Clinical — autopsy

(Signed) Charles E. Gill M. D.

3/7 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weston Cem.

DATE OF BURIAL 3/11 1929

20 UNDERTAKER J. F. McNally

ADDRESS 130 E. [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 43858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43858

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Rodgers av) (St.) 27-55 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Selle

(a) RESIDENCE NO. 3111 Rodgers av ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F Selle

6 DATE OF BIRTH (month, day, and year) May 4 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John E Bardroff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles F Selle

(Address) 3111 Rodgers ave

15 Filed 9 - 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 1929 to Mch 7 1929, that I last saw h alive on Mch 6 1929, and that death occurred, on the date stated above, at 7-15 Am.

The CAUSE OF DEATH* was as follows:

Hemiplegia (duration) yrs mos 11 ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles F Selle, M. D.

, 19 (Address) 274 Pub Hyg Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Mar 9 1929

20 UNDERTAKER H M Routson

ADDRESS 2238 Madison

How to be filled in. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 43859

1—PLACE OF DEATH Provident Hospital

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 1514 Division ST.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Magie Meads

(a) RESIDENCE NO. 2315 Penna Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

4 If married, widowed or divorced HUSBAND of (or) WIFE of Wm Meads Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Husband

(Address) 2315 Penna Ave.

15 Filed 3 9 1929 (19) C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 1929, to March 7, 1929, that I last saw h(e) alive on March 7, 1929 and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia & Hypertension

(duration) yrs. mos 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urine Analysis

(Signed) R. Cass M. D.

, 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lawn DATE OF BURIAL 3/9/29

20 UNDERTAKER Laurence Newsley ADDRESS 1711 Bridge

Spec.–7-17-26—A Co.—200 Bks.

MARTHA WILLIAMS

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43860 | CERTIFICATE OF DEATH | 129 / E 43860

1-PLACE OF DEATH | REGISTERED NO.

City of BALTIMORE: (No. 1420 Mosher St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Williams

(a) RESIDENCE NO. 1420 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Williams

6 DATE OF BIRTH (month, day, and year) May 21, 1868

7 AGE	Years	Months	Days
	60	9	13

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) West River Md.

(State or country)

PARENTS

10 NAME OF FATHER Caesar Simms

11 BIRTHPLACE OF FATHER (City or town)

(State or country) West River Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West River Md

14 Informant Hannah Whaley

(Address) 1420 Mosher St.

15 Filed 19 C. HARRISON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5- 1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15- 1929, to 3-5- 1929,

that I last saw h.. alive on 3-5- 1929,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 1 mos. 20 da.

CONTRIBUTORY (Secondary) Myocarditis influenza

(duration) yrs. 1 mos. 20 da.

18 Where was disease contracted

if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory tests

(Signed) Frank H. Cumings, M. D.

3-6-, 1929 (Address) 1420 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Iron Cem. | Date of Burial March 9 1929

20 UNDERTAKER Samuel A. Newsley | ADDRESS W. Baltimore St.

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 43861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43861

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. (St.) 7-13 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine (Katie) Blum.

(a) RESIDENCE No. Sinai Hosp. O. F. H. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

Lifetime

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham D. Blum

6 DATE OF BIRTH (month, day, and year): Aug. 16 1836

7 AGE: Years 72 Months 6 Days 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Daniel Loventhal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Greenheimer

(Address) 2202 W. Fayette St

File 9 1929 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/7 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/3/ 1929, to 3/7 1929,

that I last saw her alive on 3/7, 1929,

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chr. cardiac & hypertension

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Exam.

(Signed) A. L. Silver, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 3/10/ 1929

20 UNDERTAKER: Levi Sonneborn — ADDRESS: 1-20 W. Mt. Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43862 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-001 E 43862

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 9-45

CITY OF BALTIMORE: (No.) 2702 Hugo av ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Ackers.

(a) RESIDENCE NO. 2702 Hugo ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? life mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Ackers.

6 DATE OF BIRTH (month, day, and year): Jun 29 71

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Lawrence Zinkand.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Zinkand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Joseph Ackers

(Address) 2707 Hugo ave.

15 Filed 9 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1929, to March 9, 1929, that I last saw her alive on March 9, 1929 and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Paraplegia

Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edw. C. Timmerman M. D.

3/9, 1929 (Address) 2355 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemty.	March 12 1929
20 UNDERTAKER	ADDRESS
Geo. J. Rush	1735 Harford ave

Spec.—2-29-28—L. F. S.—500 Bks.

Martha Ann Hurtt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43863

CERTIFICATE OF DEATH

44 E 43863

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Ann Hurtt

(a) RESIDENCE NO. 1636 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H. Hurtt.

6 DATE OF BIRTH (month, day, and year): April 17 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm Clinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Joseph H. Hurtt

(Address) 1636 Aisquith St

15 Filed ..... 19..... Registrar

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17/29

17 I HEREBY CERTIFY, That I attended deceased from 3/16, 1929, to 3/17, 1929, that I last saw h alive on 3/17, 1929 and that death occurred, on the date stated above, at 7.10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. H. Slack, M. D.

3/18, 1929 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 11 1929

20 UNDERTAKER: Henry Heath Funl. Dir. Inc. ADDRESS: 1501 E Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 43864

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 43864

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St. 12-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Morris

(a) RESIDENCE NO. 412 E 31st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male white

4 Color or Race White

5 Single, Married, Widowed or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20 1847

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	82		16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired do
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Isaac Morris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susan Rowly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto City

14 Informant Thomas M. Lewis
(Address)

15 Filed 9-1929 19 412 E 31st St. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture L. Hip by fall - In Room

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hunter, M. D.

3-9-1929 (Address) 700 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL March 19 29

20 UNDERTAKER M. E. Dyer & Son — ADDRESS 324 Cathedral

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 43865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43865

1-PLACE OF DEATH

City of BALTIMORE: (No. 3100 Parkside Drive St. 2-45 Ward 18)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME CHARLES HIMMER

(a) RESIDENCE NO. 3100 Parkside Drive St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of Elizabeth Himmer

6 DATE OF BIRTH (month, day, and year) March 5, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer's Supplies

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Himmer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Elizabeth Himmer (Wife)
(Address) 3100 Parkside Drive

Filed 9 1929 Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning
Accidental- Overcome while inflating tire with engine running in closed garage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

3/7/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial Mar. 10 1929

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS Baltimore St & Broadway

Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43866

CERTIFICATE OF DEATH

E 43866

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 3-4 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Devine

(a) RESIDENCE NO. 415 Eastern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER High

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Patients record at

(Address)

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-29

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1929, to 3-3, 1929, that I last saw him alive on 3-3, 1929, and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) several months yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray

(Signed) H. J. Ray, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	3/7 1929
UNDERTAKER John J. Feeley Son	ADDRESS 1318 Light St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43867

CERTIFICATE OF DEATH

129 E 43867

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3309 Guilford Ave. WARD) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James B. Culver

(a) RESIDENCE NO. 3309 Guilford Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mae Culver

6 DATE OF BIRTH (month, day, and year): April 2-1880

7 AGE — Years: 48. Months: 10 Days: 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): B C & A Ry.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Franklin Culver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Mae Culver

(Address) 3309 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1929.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26 19 28 to Mch 8 19 29

that I last saw h[illegible]ive on March 7/29

and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Edema Pulmonalis due to Heart

Chronic Nephritis (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. Gunn M. D.

19 (Address) 627 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Mar 11 19 29

20 UNDERTAKER: John Allen & Co.

ADDRESS: 200 E Arlington

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43868

CERTIFICATE OF DEATH

E 43868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (ST.) 25-12 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice Hoffman

(a) RESIDENCE NO. Old Fred. Rd. (ST.) WARD Ellicott City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillie L. Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Wm H. Hoffman Ellicott City Md

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9- 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-24- 1929 to 3-9- 1929

that I last saw him alive on 3-9- 1929

and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Rt. Lung
C empysema.

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Left Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-7 29

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam & X ray

(Signed) H M Erickson, M. D.

, 19 (Address) St. agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar. 10 19 29

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43869

CERTIFICATE OF DEATH.

1632 ✓

16 1-90 1 E 43869

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Johns Hopkins Hospital. ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Brown

(a) RESIDENCE NO. Halston, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) C

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 1929

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Gilbert Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Lowery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed MAR 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 6 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-4, 1929, to 3-6, 1929, that I last saw her alive on 3-6, 1929, and that death occurred, on the date stated above, at 3.55 A.m.

The CAUSE OF DEATH* was as follows:

Toxemia from required maternal pneumonia — (Mother died of pneumonia-lobar — 8 days before)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew A. Marchetti, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tabernacle at Benson Md — DATE OF BURIAL: Mar 10 1929

20 UNDERTAKER: W H Archer — ADDRESS: Benson Md

THIS IS very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43870

E 43870

CERTIFICATE OF DEATH

REGISTERED NO. [redacted]

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD 11-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Gordon Blackwell

(a) RESIDENCE NO. Altamont Hotel, Baltimore, WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Blackwell

6 DATE OF BIRTH (month, day, and year) July 30, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance 066

(c) Name of employer

9 BIRTHPLACE (city or town) Fauquier Co. (State or country) Va

PARENTS

10 NAME OF FATHER William S. Blackwell

11 BIRTHPLACE OF FATHER (city or town) Fauquier Co. (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Nutt

13 BIRTHPLACE OF MOTHER (city or town) Fauquier Co. (State or country) Va

14 Informant Richard Blackwell

(Address) 320 N Richmond St

Filed MAR 10 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-29

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to Mar 8, 1929, that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

Septicemia (Streptococcus?)
Pyelitis Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia, Bronchopneumonia 24 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 8

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] Weinberg, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dealetown Va

DATE OF BURIAL 3/10 19 29

20 UNDERTAKER W. W. Cook

ADDRESS 127 S Paca St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43871

CERTIFICATE OF DEATH

33

E 43871

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp 22-30 ST., WARD)

2—FULL NAME William Tomey

(a) RESIDENCE NO. 649 W. Conway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+D

(c) Name of employer American Sugar Ref.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Tomey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robt Tomey

(Address) 649 Conway St

15 Filed APR 16 1929, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/29

17 I HEREBY CERTIFY, That I attended deceased from 1/29, 1929, to 3/8, 1929,

that I last saw h[illegible] alive on 3/7, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Epididymitis, Orchitis, Gt. Peritonitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill, M. D.

3-9, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Johns Hopkins Md

DATE OF BURIAL 3-9-1929

20 UNDERTAKER Samuel Easton

ADDRESS Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43872 1613 E Monument 90

CERTIFICATE OF DEATH

E 43872

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2329 E Hoffman St. WARD)

2—FULL NAME Catherine F Eldgmeier

(a) RESIDENCE NO. 2359 E Hoffman St. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry F Eldgmeier

6 DATE OF BIRTH (month, day, and year): May 9 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	11	30	18 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Weicken

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George F Eldgmeier
(Address) 611 Melrose Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 29

17

I HEREBY CERTIFY, That I attended deceased from February 27, 1929, to March 8, 1929, that I last saw h.. alive on March 7, 1929, and that death occurred, on the date stated above, at ... P. m.

The CAUSE OF DEATH* was as follows:

Cystocarcinoma ant
Extra Pregnancy

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Edward F Eldgmeier, M. D.

3/9, 1929 (Address) 611 Melrose Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/11 1929

20 UNDERTAKER: Edward Toulson

ADDRESS: 2359 Woodland

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43873
1—PLACE OF DEATH

CERTIFICATE OF DEATH

90 E 43873
REGISTERED NO.

CITY OF BALTIMORE: (No. 544 S. Paca ST. 7-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Hullett,

(a) RESIDENCE NO. 544 S. Paca ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Frank S. Hullett,

6 DATE OF BIRTH (month, day, and year): Jan 20 1882

7 AGE: Years 47 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Wm. McLean,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Olevia Netter,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Frank S. Hullett
(Address): 544 S. Paca

15 Filed [illegible] 19[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 19 28 to March 8th, 19 29
that I last saw her alive on March 27, 19 29
and that death occurred, on the date stated above, at 1.10 P m.
The CAUSE OF DEATH* was as follows:

Mitral Aortic Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia Cardiac Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Guy D. McCleary, M. D.

3/8, 19 29 (Address) 400 W. Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL 19

20 UNDERTAKER: Geo W Little — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 43874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 128 E 43874

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 7-13 (WARD)

2-FULL NAME John or Jack Friedman

(a) RESIDENCE NO. 812 Decatur St. Wash. D. C.
(Usual place of abode) ST., WARD
Length of residence in city or town where death occurred 36 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Friedman

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	-		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Lewitz
(Address) 5607 Merville ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 1929, to 3/9, 1929, that I last saw h[illegible] alive on 3/9, 1929, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs 2. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical Sym. Blood Chem.

(Signed) A. L. Shor, M. D.

3/9, 1929 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL March 10 1929

20 UNDERTAKER S. Levinson Bro — ADDRESS 1527 E Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43875

46

CERTIFICATE OF DEATH

E 43875

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S. Dundan St ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Weronika Piekut

(a) RESIDENCE NO. 524 S. Duncan ST. ST., WARD
(Usual place of abode) 35
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Un. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frances Maleszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Un

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Piekut
(Address) 524 Sduncan

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8—29

17 I HEREBY CERTIFY, That I attended deceased from March 10 19 29 to March 8 19 29
that I last saw h alive on March 8 19 29
and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Stypczek M. D.

March 9 19 29 (Address) 861 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislus Cem	Mar 12 19 29

20 UNDERTAKER F. O. Bazewski ADDRESS 1980 Eastern Av

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43876

CERTIFICATE OF DEATH

100-001

E 43876

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 2-4 WARD)

2—FULL NAME Tillie Fininski

(a) RESIDENCE NO. 513 S. Linwood Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Un. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: FRANK MINKOWSKI

11 BIRTHPLACE OF FATHER (city or town) (State or country): POLAND

12 MAIDEN NAME OF MOTHER: Un.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Kunkowski

(Address): 511. S. Linwood Ave

15 Filed MAR 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/8/29.

17 I HEREBY CERTIFY, That I attended deceased from 2/26/29., 19..., to 3/9/29., 19..., that I last saw h.. alive on 3/8/29., 19..., and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Louis J. Sittig, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Mar. 11 1929

20 UNDERTAKER: H. W. Ozarowski

ADDRESS: 1980 Eastern Av

Stec-12-23-21-E.B.R.S.—400 Blks.

E 43877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43877

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

Registered No. 16-22

City of BALTIMORE: (No. 1834 W. Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mary Frazier

(a) Residence No. 1834 W. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.)
female	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 7, 1927

7-AGE. 1 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto., Md.

PARENTS.

10-NAME OF FATHER. William Bernard Frazier

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto., Md.

12-MAIDEN NAME OF MOTHER. Mildred Agnes Dunn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto., Md.

14-(Informant) Mrs. Mildred A. Frazier

(Address) 1834 W. Lanvale St.

15-Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 9, 1929

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1929 to Mar 9, 1929

that I last saw her alive on Mar. 9, 1929

and that death occurred, on the date stated above, at 12.55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

about 12 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual tests.

(Signed) George A. Kupp M. D.

19 (Address) 3030 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olive Baltimore	Mar 11 1929
20-UNDERTAKER. Wm F Tickner & Sons	ADDRESS Balto Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 43878 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 90 E 43878

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 3805 Harrison Ave. 16 WARD) REGISTERED NO. 1663

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Florence Poulton

(a) RESIDENCE NO. 3805 Harrison Ave. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Emory Poulton

6 DATE OF BIRTH (month, day, and year) Oct. 21 1849

7 AGE — Years: 79 | Months: 4 | Days: 16 18 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) C. A. Co. Md.

PARENTS

10 NAME OF FATHER Randolph S. Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) C. A. Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) C. A. Co. Md.

14 Informant Dr. Jas. Emory Poulton Jr.
(Address) 3909 Harrison Ave.

15 Filed MAR 12 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9 1929

17 I HEREBY CERTIFY, That I attended deceased from July 8th, 1928, to Mar. 9th, 1929.
That I last saw h er alive on Mar. 8th, 1929
and that death occurred, on the date stated above, at 12.02 A.m.
The CAUSE OF DEATH* was as follows:

Uterus adenomas a myocardites

CONTRIBUTORY (Secondary) Exhaustion (duration) 1 yrs. mos. ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Poulton M. D.

3/9 1929 (Address) 3909 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mar 11 1929

20 UNDERTAKER: W. J. Tuckner Sons ADDRESS: North & Pa.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43879

CERTIFICATE OF DEATH

100-001 E 43879

1—PLACE OF DEATH

REGISTERED NO. 27-57

CITY OF BALTIMORE; (No. Aged Home ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hanford Goodman

(a) RESIDENCE NO. Belvedere & Greenspring Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth 40 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harris Goodman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Sachs

(Address) 116 W. 21 St

15 Filed MAR 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-9-1929

17 I HEREBY CERTIFY, That I attended deceased from March-7-, 1929, to March-9-, 1929, that I last saw her alive on March-8-, 1929 and that death occurred, on the date stated above, at 2-a, m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency
& Arterio-Sclerosis
unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

Mch 9, 1929 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mosholu Cemetery	3/10 1929

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balt St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43880 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43880

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1842 N. North Ave (ST.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca R. Fisher

(a) RESIDENCE NO. 1842 N. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel Fisher

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 72 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Warsaw

PARENTS

10 NAME OF FATHER: Israel Schaltes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Warsaw

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Harry S. Fisher

(Address) 2816 Auchentorly Terrace

15 Filed ... C., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/9/29.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1928. to March 9, 1929.

that I last saw her alive on March 9, 1929.

and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis &
Hypertension.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical findings.

(Signed) Nathan B. Spirit, M. D.

19 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrem Friendship Cem

DATE OF BURIAL: 3/10 19 29

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43881

CERTIFICATE OF DEATH.

90 E 43881

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2500 N. Calvert St. (WARD) 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Deodata Bentley

(a) RESIDENCE No. 2500 N. Calvert St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27-1907

7 AGE — Years: 21 — Months: 2 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward C Bentley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Laura V Denisere

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Connecticut

14 Informant: Edward C. Bentley

(Address) 2500 N. Calvert St.

15 Filed APR 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3rd 9th 1929

17 I HEREBY CERTIFY, That I attended deceased from 3rd 7th, 1929, to 3rd 9th, 1929, that I last saw her alive on 3rd 9th, 1929, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Heart - Mitral

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Final history

(Signed) D. A. Waldran M.D. M. D.

, 19 (Address) 210 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar 11 1929

20 UNDERTAKER: Jarad Dyer — ADDRESS: 1600 N Ave

Spec.—1-12-23—M&T—500 Blks.

E 43882 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43882

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5260 Hoffman St. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Kelly

(a) RESIDENCE NO. 5260 Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kelly

6 DATE OF BIRTH (month, day, and year) Sept 17, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Private

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER David Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Beatrice Berry (Address) 5260 Hoffman St

15 Filed 10-1929 19 Registrar

MEDICAL CERTIFICATE OF Merrill

16 DATE OF DEATH (month, day, and year) March 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1928 to March 7 1929 that I last saw her alive on March 6 1929 and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Manly M. D.

3/8. 1929 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL March 9 1929

UNDERTAKER James E Williams ADDRESS Govans

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43883

CERTIFICATE OF DEATH

X 46 ✓

E 43883

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. (WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hamett Guy

(a) RESIDENCE NO. Hydes P. O ST., WARD Long Green Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Marr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amos Guy

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 69 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0 10

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Hospital Records

(Address)

15 Filed 10 1929 Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 8, 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar 4, 1929, to Mar 8, 1929, that I last saw h[illegible] alive on March 8, 1929 and that death occurred, on the date stated above, at 10:50 PM

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspnoea

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 3/7/29

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Post Operative

(Signed) B Harris, M. D.

3/9, 1929 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Long Green Balto Co

DATE OF BURIAL: 3/11/29

20 UNDERTAKER: Weller & Hilbert

ADDRESS: 162 Litchfield

Spec.-7-17-26-A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43884

CERTIFICATE OF DEATH

38

E 43884

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

City of BALTIMORE: (No. Calvert & Saratoga St. 15-68 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Kitt

(a) RESIDENCE NO. 211 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	newborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 9. 1929

7 AGE Years Months Days IF LESS than 1 day hrs. or 15 min.

newborn

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Harry Kitt

11 BIRTHPLACE OF FATHER (City or town) ✓

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Engle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Host Records

(Address)

15 Filed OCT 10 1929 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 9 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/9, 1929 to 3/9, 1929

that I last saw her alive on 3/9, 1929

and that death occurred, on the date stated above, at 3.00 P m.

The CAUSE OF DEATH* was as follows:

Unknown

Probably Lues

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY Unknown

(Secondary)

✓ (duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. P. Rostenberg, M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Council Date of Burial 3/10 1929

20 UNDERTAKER Jack Levis ADDRESS 1439 E Balto St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Breedlove.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43885

CERTIFICATE OF DEATH.

74-001 E 43885

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 579 Lumberland ST. 15-71 WARD)

2-FULL NAME George Bredlove

(a) RESIDENCE NO. 579 Lumberland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Bredlove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lizzie L. Monroe

(Address) 579 Lumberland St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/29

17 I HEREBY CERTIFY, That I attended deceased from 2/27/29, 19 ... to 3/4/29, 19 29.

that I last saw him alive on 3/4/29, 19 29.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobular

(b) Hemorrhage

(duration) yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(duration) 30 yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis, M. D.

, 19 29 (Address) 522 Lumberland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pahaquarry Cem. DATE OF BURIAL 3/10 1929

20 UNDERTAKER Samuel D. Hancock ADDRESS 578 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

E 43886

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Boulden St. ST. 16-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Geisendaffer

(a) RESIDENCE NO. 322 S. Boulden St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. Geisendaffer

6 DATE OF BIRTH (month, day, and year) July 12, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Joseph D. Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Annie M. Gibbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mrs. Edward Connejo

(Address) 322 S. Boulden St.

15 Filed APR 10 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8-29

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to March 8 , 1929.

that I last saw h 4 alive on March 7 , 1929

and that death occurred, on the date stated above, at 5 40 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus and Colon

about 1

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of One year ago.

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) A. J. McCallum M. D.

3-9 , 1929 (Address) 3508 Bank St. —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL March 11 1929

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

Ada F. Noon

E 43887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 E 43887

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 804 Gorsuch Ave. ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ada F. Noon.

(a) RESIDENCE NO. 804 Gorsuch Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Noon.

6 DATE OF BIRTH (month, day, and year) March, 13, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73,	11,	25. 6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Lorenzo Sibert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca Thrasher.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama.

14 Informant Mrs. A. P. Barton.

(Address) 804 Gorsuch Ave.

15 Filed Mar 10 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/29

17 I HEREBY CERTIFY, That I attended deceased from 2/1/29, 19..., to 3/9/29, 19..., that I last saw h[illegible] alive on 3/7/29, 19..., and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Endarteritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dyspnea

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Leonard E. Beach, M. D.

..., 19 (Address) 229 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Staunton Va.	March 10 1929
20 UNDERTAKER	ADDRESS
A. Hound Evans	38 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002 ✓ E 43888

E 43888

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Hanover ST. 23-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara V. Bell.

(a) RESIDENCE NO. 1613 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Levin J. Bell.

6 DATE OF BIRTH (month, day, and year) Dec, 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78.	3.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know.

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

14 Informant Della Cannon.

(Address) 1613 Hanover St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929. to Mar 7, 1929.

that I last saw h alive on Mar 5, 1929

and that death occurred, on the date stated above, at 4-45 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ephamchan

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) W. E. K. Campbell M. D.

3/9, 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edenhill Cem	Mar 11, 1929
20 UNDERTAKER	ADDRESS
A. Howard Evans	35 E. Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43889

CERTIFICATE OF DEATH

21 ✓ E 43889

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1723 W. North Ave ST., 15-21 WARD)

2—FULL NAME Sam Stern

(a) RESIDENCE NO. 1723 W. North Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Stern

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joel Stern

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Rau

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Moses Kahn

(Address) Temple Garden Apts.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9th. 1929.

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1924, to March 9th, 1929, that I last saw him alive on March 8th, 1929 and that death occurred, on the date stated above, at 3 30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) [signature] M. D.

3/9, 19 29 (Address) 1901 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	3/11/ 1929

20 UNDERTAKER [illegible] ADDRESS 1520 Druid-Sondheim Royal Co.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43890

CERTIFICATE OF DEATH. X 91 E 43890

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-13 WARD)

2-FULL NAME Abraham Snattinger
Reisterstown Md

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 18, 1852

7 AGE — Years: 76 | Months: 11 | Days: 21 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Mary Snattinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Blanche —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Snattinger
(Address) Reisterstown Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/7 1927

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1927, to 3/7, 1927,
that I last saw h/ alive on 3/7, 1927,
and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senility - Cardiac failure

(duration) yrs 4 mos. ds.

18 Where was disease contracted if not at place of death? Home.
Did an operation precede death? No Date of —
Was there an autopsy? no —
What test confirmed diagnosis? Physical Exam.

(Signed) ..... A. A. Silver, M. D.
, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: 3/ /1927

20 UNDERTAKER: David Sondheim

ADDRESS 18-20 W. Mt. Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 43891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-002

E 43891

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 222 N. Carey ST. (or WARD) 19-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Howonin

(a) RESIDENCE NO. 222 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob L. Howonin

6 DATE OF BIRTH (month, day, and year): Jan. 20, 1872

7 AGE: Years 57 | Months 1 | Days 20 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hagerstown Md.

10 NAME OF FATHER: Henry Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Md.

12 MAIDEN NAME OF MOTHER: Emma Provenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Md.

Informant: Margaret Howonin

(Address) 222 N. Carey St.

Filed MAR 10 1929 19

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10. 1929

17 I HEREBY CERTIFY, That I attended deceased from March 6 . 1929. to March 9. 1929.

that I last saw her alive on March. 9 . 1929

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green, M. D.

3-10. 1929 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown Md. W. Md. R.R.

DATE OF BURIAL: March 11 1929

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

E43892 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 43892

CERTIFICATE OF DEATH 31 E 43892

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 553 W Bone ST. 22-30 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leo Walsh

(a) RESIDENCE NO. 553 W Bone ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 20th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse shoer.

(b) General nature of industry, business, or establishment in which employed (or employer) 036

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Timothy J Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Annie Reilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Annie O'Reilly (Address) 553 W Bone St.

Filed MAR 10 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1929.

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1928 to Mar 8 1929.

that I last saw him alive on March 8 1929

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation + Physical Signs

(Signed) J M Driscoll M. D.

Mar 9 1929 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Mar 11th 1929
20 UNDERTAKER John J Cowan & Son.	ADDRESS 901 Arlington Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43893

CERTIFICATE OF DEATH

45 E 43893

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 513 Tunbridge Road ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L. V. Lamberd

(a) RESIDENCE NO. 513 Tunbridge Road ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of S. Luther Lamberd

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel G. Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Niece

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mr. Melvin B. Lamberd
(Address) 5004 Norwood Ave.

15 Filed MAR 10 1929 C. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8/1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to March 8 1929.
that I last saw h[illegible] alive on March 8, 1929
and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH was as follows:*
Cancer of descending colon

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General examination.

(Signed) J. Harry McCarty, M. D.

3-9, 1929 (Address) 37 W Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	March 11 1929

20 UNDERTAKER John O. Mitchell & Sons ADDRESS John O. Mitchell & Sons, 1900 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43894

CERTIFICATE OF DEATH

90 E 43894

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2731 N. Calvert ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah A. McAuliffe

(a) RESIDENCE NO. 2731 N. Calvert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER John P. McAuliffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mr. Peter T. McAuliffe

(Address) 2731 N. Calvert St.

15 Filed APR 10 1929 HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 9, 1929, that I last saw h[illegible] alive on March 8, 1929 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Asteria Solenoid
Chronic Myocarditis
Contusion (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs.

(Signed) Roderick T. Crew, M. D.

, 19 (Address) 787 Hamilton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
All Faith Cemty, St. Mary Co.	March 11, 1929
UNDERTAKER John C. Mitchell & Sons	ADDRESS 1900 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

221175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43895

CERTIFICATE OF DEATH

1 31 E 43895

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George H Olive

(a) RESIDENCE NO. Index Va ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. How long in U. S., if foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary F.

6 DATE OF BIRTH (month, day, and year): May 11 1846

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAR 10 1929 WILLIAM H. WELCH, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31 1928 to March 9 1929 that I last saw h alive on March 9 1929 and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis, acute.
Bronchopneumonia, bilat.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy (duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? at home (duration) ? yrs. mos. ds.

Did an operation precede death? yes Date of 1/18/29

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H C Smith, M. D.

3/10. 1929 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg Va

DATE OF BURIAL: March 10 1929

20 UNDERTAKER: William Coots

ADDRESS: 1217 Exline

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43896

CERTIFICATE OF DEATH.

E 43896

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womans Hosp. (St.) 14-20 (Ward)

2-FULL NAME Bernstein Laurette

(a) RESIDENCE No. 226 State St. (St.) Harrisburg, Penna. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 hrs. 35 min. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 10 '29

7 AGE — Years — Months — Days — If LESS than 1 day, 4 hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis Laurence Laurette

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Rosa Simon Kudra

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland.

14 Informant: Reba Laurette
(Address) 226 State St. Harrisburg Pa.

15 Filed APR 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10" 29

17

I HEREBY CERTIFY, That I attended deceased from March 10 . 19 29 . to March 10 . 19 29 .

that I last saw her alive on March 10. 19 29

and that death occurred, on the date stated above, at 11 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) W. W. Gray M. D.

. 19 (Address) 58 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburg Pa — DATE OF BURIAL: March 11 1929

20 UNDERTAKER: John C. Mitchell Sons. — ADDRESS: 1400 Linden Place

H. C. JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 43897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 43897

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1544 Pennsylvania ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vera Buchmann

(a) RESIDENCE NO. 1544 Penna ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write this word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21/1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
4	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harry Buschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sophia Schemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Sophie Buschmann

(Address) 1544 Pennsylvania ave.

15 Filed APR 17 1929 G. HAMPSON JONES, M. D. Registrar

by Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 1929

17

I HEREBY CERTIFY, That I attended deceased from 3/4 1929 to 3/9 1929

that I last saw h alive on 3/8 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows*

Pyelo Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tonsilitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry H Lancaster M. D.

(Address) Roland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL March 12 1929

20 UNDERTAKER Jos. J. Kerr ADDRESS 156 N. Luzerne ave.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-201

E 43898

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Montford ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank A. Daemling

(a) RESIDENCE NO. 117 N. Montford ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 8/1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John F. Daemling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Henrietta Remus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Ward Daemling
(Address) 117 N. Montford

15 Filed MAR 11 1929, Harry S. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 8, 1929, that I last saw him alive on March 8, 1929 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(primary)
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jones Frazier M. D.

3/9, 1929 (Address) 1901 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	March 11 1929
20 UNDERTAKER	ADDRESS
Jos. J. Kerr	156 N. Eutaw ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43899

CERTIFICATE OF DEATH.

100-001

E 43899

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Wayne Ave. ST. 28-6 (WARD)

2-FULL NAME Margaret E. Young

(a) RESIDENCE No. 3009 Wayne Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John R. Young

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Alethea A. Jarboe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. Emma E. Young
(Address) 3009 Wayne Ave.

15 Filed MAR 11 1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8, 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1929, to Mar. 8, 1929, that I last saw her alive on Mar. 7, 1929 and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia (primary).

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Thomas L. Woods, M. D.

Mar 9, 1929 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Mar 11 1929

20 UNDERTAKER D. John F. Denny — ADDRESS 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks. Edward Camble

HEALTH DEPARTMENT—CITY OF BALTIMORE

43900 CERTIFICATE OF DEATH 131 **E 43900**

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 425 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Camble

(a) RESIDENCE NO. 693 W. Mulberry st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Camble

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or.... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Janitor 010

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Camble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriett Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 29, 19..., to March 8 29, 19...,

that I last saw h... in alive on March 8 29, 19...

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Hans C. Smith, M. D.

3-8-, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Riceltown Md	Mar 12 1929
20 UNDERTAKER	ADDRESS
Leard Wade	698 pierce st

Received March 11, 1929 C. HAMILTON JONES, M. D. Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43901 — CERTIFICATE OF DEATH — 90 E 43901

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 410 N. Eden st (ST.) 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman C. Schultz

(a) RESIDENCE NO. 410 N. Eden st (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline S. Schultz

6 DATE OF BIRTH (month, day, and year) Dec. 13-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Caroline S. Schultz

(Address) 410 N. Eden st

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8/29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1929, to March 8, 1929, that I last saw him alive on March 8, 1929, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-Vascular Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.

, 19 (Address) 20 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem — DATE OF BURIAL Mar. 11 1929

20 UNDERTAKER Philip Hornig — ADDRESS 206 Orleans st.

Spec.—2-29-28—L. F. S.—500 Bks.

Mc Killips

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43902

74-001

E 43902

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4105 Northern Pk. Way (ST.) 27-42 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel McKillips

(a) RESIDENCE NO. 4105 Yorkern Pk Way ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Aug 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80 ~~1848~~	6 4	20 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Telegraph Op.

(c) Name of employer Operator

9 BIRTHPLACE (rity or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John D. McKillips

11 BIRTHPLACE OF FATHER (rity or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Dunlop

13 BIRTHPLACE OF MOTHER (rity or town) (State or rountry) Pa.

14 Informant Kapar Stephens

(Address) 4105 Northern Parkway

15 Filed APR 11 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/29

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927. to March 9. 1929.

that I last saw h[illegible] alive on March 9th. 1929

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (Secondary) Arteria Sclerosis (duration) yrs. mos. 1 ds.

18 Where was disease contrarted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave Ruh, M. D.

3/10, 1929 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Acridental, Suicidal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Mar 13 1929

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Oakleigh

Spec.—2-29-28—L. F. S.—500 Bks.

2 E 43903 (23/37)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

REGISTERED NO. E 43903

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Richter

(a) RESIDENCE NO. Lindsley House ST.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work maid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer J. N. A.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS:

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Hearle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAR 11 1929 THOMPSON JONES, M. D.

Registrar

Par Polk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9/29

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1929, to March 9, 1929, that I last saw h-- alive on March 9, 1929 and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Subacute endocarditis, streptococcus viridans. Myocardial insufficiency. Rheumatic heart disease. Mitral stenosis.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) James Bordley, M. D.

Mar. 9, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	3/12/1929
20 UNDERTAKER Phillip Herring	ADDRESS 2016 Orleans St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43904

CERTIFICATE OF DEATH

1001 E 43904

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2104 Garrett Av ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vera M. Brooks

(a) RESIDENCE NO. 2104 Garrett Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct 21/28

7 AGE: Years | Months: 4 | Days: 17/18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Mowall R. Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Stella Ozdanska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mowall R. Brooks

(Address): 2104 Garrett av

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 9/29

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to March 9, 1929, that I last saw her alive on March 8, 1929 and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Expicelli, M. D.

3/9, 1929 (Address) 2025 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL: 3/11 1929

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St.

Spec.–7-17-26–A Co.—200 Bks.

E 43905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43905

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 905 Whatcoat St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Willie Ray Gibbs

(a) RESIDENCE NO. 905 Whatcoat St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 25 1907

7 AGE: Years 21 Months 6 Days 12 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): 67°

(c) Name of employer

9 BIRTHPLACE (city or town): Atlanta

(State or country): Ga

PARENTS

10 NAME OF FATHER: James Gibbs

11 BIRTHPLACE OF FATHER (City or town): Macon,

(State or country): Ga

12 MAIDEN NAME OF MOTHER: Rose Bradley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ga

14 Informant: Mrs. Rose Gibbs

(Address): 905 Whatcoat

15 Filed: MAR 11 1929 19 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Mar 7 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 6th 19 29 to Mar 7th 19 29.

that I last saw h[illegible] alive on Mar 7th 19 29.

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart 6 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic Nephritis

(duration) yrs 2 mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomology

(Signed) H. E. Bell M. D.

19 (Address) 2180 Edmondson

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Mar 11 1929

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1310 Pennsylvania Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 43906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 92 ~ E 43906

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 25-10 (WARD)

REGISTERED NO.:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Edward Taney

(a) RESIDENCE NO. Emmitsburg Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5—1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Emmitsburg Md (State or country)

PARENTS

10 NAME OF FATHER Edward S. Taney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth McBride

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mr Cecil Taney Emmitsburg Md.

15 Filed 1929 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1929

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to March 10, 1929, that I last saw h[illegible] alive on March 10, 1929, and that death occurred, on the date stated above, at 4 1/2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

myocardial insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Coronary embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nicholas Donelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Josephs Cem. Emmitsburg Md DATE OF BURIAL 31/11 1929

20 UNDERTAKER Chas P. Maculloch ADDRESS 11 W Mt Royal ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 43907. HEALTH DEPARTMENT—CITY OF BALTIMORE 100-081 E 43907

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 S. Caroline St. (WARD) 3rd REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Tyler

(a) RESIDENCE NO. 108 S. Caroline St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edeman Tyler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Tyler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Edeman Tyler
(Address) 108 S Caroline St

15 Filed ....., 19.... ....., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-29

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 19 29, to Mar 9, 19 29
that I last saw h alive on Mar 8 19 29
and that death occurred, on the date stated above, at 1.30 m.
The CAUSE OF DEATH* was as follows:
Bronchi Pneumonia

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.
18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) B Hayes M. D.
3/11, 19 29 (Address) 35 S Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Mar. 11 1929
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1715 Eastlandon

Spec.—2-29-28—L. F. S.—500 Bks.

E 43908

HEALTH DEPARTMENT—CITY OF BALTIMORE

71-001

E 43908

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 713 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Thaniel

(a) RESIDENCE NO. 1812 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/8 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1928

7 AGE: Years | Months 4½ | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosie Kenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAR 11 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-1929

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 9, 1929, that I last saw him alive on March 9, 1929 and that death occurred, on the date stated above, at 12.35 A m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis (duration) yrs. mos. 4½ days

CONTRIBUTORY (Secondary) Pneumococcus septicaemia (duration) yrs. mos. 30hrs + days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas McCann M. D.

, 19 (Address) Johns Hopkins Hosp Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary DATE OF BURIAL: Mar. 11 1929

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1726 Eastlander

Spec.—2-29-28—L. F. S.—500 Bks.

E 43909 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43909

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd ST., 1516 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Gould Leckie

(a) RESIDENCE NO. 3000 Clifton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Hayward Leckie

6 DATE OF BIRTH (month, day, and year) Oct. 30 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storage & Moving

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) East New Market (State or country) Maryland Dorchester Co.

PARENTS

10 NAME OF FATHER John Quincy Leckie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MAR 14 1929 HARRY JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1929, to March 10, 1929, that I last saw h~~im~~live on March 10 1929 and that death occurred, on the date stated above, at 3 25 A m.

The CAUSE OF DEATH* was as follows:

Syphilis Tertiary; Cirrhosis of liver; Myocarditis, chronic; Aortic insufficiency Hypertension; Hydrothorax, right; unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) 2 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Tuberculosis~~ Agglutination

(Signed) A. Campbell Thompson M. D.

3/10/1929 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 12 1929
20 UNDERTAKER Chas. H. Blackwell	ADDRESS North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E. D'Amico

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43910

CERTIFICATE OF DEATH

4056

90 L 7

E 43910

1—PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 401 S. Ridgecroft Rd. St. 2-45 WARD)

2—FULL NAME Irma Emma Fruedenthal

(a) RESIDENCE NO. 401 S. Ridgecroft Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 8 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed or divorced HUSBAND of (or) WIFE of: Edward J. Fruedenthal

6 DATE OF BIRTH (month, day and year): June 12th 1904

7 AGE: Years 24 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Wm. F. Schoch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Friedrika Rothmund

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

PARENTS

14 Informant: Edward J. Fruedenthal

(Address) 401 S. Ridgecroft Rd

15 Filed JAN 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7th 1929

17

I HEREBY CERTIFY, That I attended deceased from 1-29- 1929 to 2-7- 1929

that I last saw her alive on 2-6 1929 and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

Hemaplegia.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Thrombosis Cerebral

(duration) yrs 2 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) E. D'Amico, M. D.

1-9. 1929 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Jan 11th 1929

20 UNDERTAKER: F. B. Wenpint

ADDRESS: 1850 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43911

E 43911

CERTIFICATE OF DEATH.

REGISTERED NO. 590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 E. Monument ST., 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Nunzia Valenziano

(a) RESIDENCE NO. 2917 E. Monument ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Valenziano

6 DATE OF BIRTH (month, day, and year): Feb. 7 1855

7 AGE: Years 74 Months — Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Salvatore Difrancesca

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Rosario Valenziano (Address) 2917 E. Monument St

15 Filed MAR 11 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1929

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to March 8, 1929.

That I last saw h[illegible] alive on March 8, 1929.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

due to Exhaustion of senile Persis (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Contusion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentino M. D.

March 11, 1929 (Address) 1750 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: March 12 1929

20 UNDERTAKER: F. A. Wenzek & Son — ADDRESS: 703 Hanover

FROM is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43912

CERTIFICATE OF DEATH.

E 43912

1-PLACE OF DEATH On Route from Glen Burnie to

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Emory Hyde.

(a) RESIDENCE NO. 65 Franklin St Annapolis Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 1, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Annapolis, Md.

PARENTS

10 NAME OF FATHER John T. E. Hyde.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah E. Beaver.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

14 Informant John C. Hyde. (brother)

(Address) 65 Franklin St. Annapolis Md.

15 Filed MAR 11 1929 WATSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Fracture of Cervical Vertebrae.
Automobile Collision. Accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. M. Linnard M. D.
(Coroner)

3/11, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Annapolis Blvd. Between Cerndale & Glen Burnie, 3/10/29

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md. Date of Burial Mar 11 1929

20 UNDERTAKER Gas. T. Taylor Sons ADDRESS Annapolis Md.

very important. See instructions on back of certificate. EXACT STATEMENT OF OCCUPATION is

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43913

90 E 43913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 912 Alice Ann St., 2-4 (Ward)

2-FULL NAME Teresia Redzierska

(a) RESIDENCE NO. 912 Alice Ann St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Redzierski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Wlodarski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Raczmarski

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Joseph Redzierski
(Address) 912 Alice Ann St

15 Filed MAR 11 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Obstruction Nephritis Syndrome

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Hanlon, M. D.

Mar. 9, 1929 (Address) 1005 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, Cem. | DATE OF BURIAL Mar. 12, 1929

20 UNDERTAKER M. F. Sadowski. | ADDRESS 1205 Eastern Ave

important. See instructions on back of certificate.

Over

Spec.—2-29-28—L. F. S.—500 Bks.

E 43914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43914

CERTIFICATE OF DEATH

160

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 E. Hoffman ST. 9-18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Agnes Monaghan

(a) RESIDENCE NO. 907 E. Hoffman ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

.a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Monaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Josie Leary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm. Monaghan
(Address) 907 E. Hoffman St.

15 Filed ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9. 1929

17

I HEREBY CERTIFY, That I attended deceased from March 8th, 1929, to Mch 10th, 1929, that I last saw her alive on March 9th, 1929 and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) L. McCarthy, M. D.

3/11, 1929 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's, Govans	Mar. 11, 1929

20 UNDERTAKER Rita Weddeld ADDRESS 914 Fremont Ave

3-11-1929 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43915

CERTIFICATE OF DEATH.

1929

E 43915
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 534 N. Fulton St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Simmons

(a) RESIDENCE NO. 534 N. Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col.	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Geo. Simmons

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic service

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Jefferson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mary E. Cole

(Address) 534 N. Fulton

Filed MAR 11 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25 1929 to Mar. 8, 1929, that I last saw h[illegible] alive on Mar 7, 1929 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis 7 or 8 mos. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Poppenmeier M. D.

3/9/1929 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lodge Date of Burial 3/11 1929

20 UNDERTAKER Samuel Tokenbey & Bible ADDRESS 518

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43916

CERTIFICATE OF DEATH.

E 43916

100-901 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 542 W. Lee ST. 27-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Sterling Dorsey

(a) RESIDENCE NO. 542 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 29

7 AGE — Years: — Months: — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ridia West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ridia Dorsey

(Address) 542 W Lee St

15 Filed , 1929 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1929.

17

I HEREBY CERTIFY, That I attended deceased from March 8 , 1929 , to March 10 , 1929 ,

that I last saw him alive on March 10 , 1929 ,

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) 1 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Positive

(Signed) Thomas H Brown M. D.

, 19 (Address) 118 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion ct — DATE OF BURIAL: March 11 1929

20 UNDERTAKER: C. H. Brown's Son — ADDRESS: Westminster

Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43917

E 43917

CERTIFICATE OF DEATH.

101-081

22-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 Hanover St. St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert MacClain. (O)

(a) RESIDENCE NO. 812 Hanover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 17, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Mac Clain.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dora Waters.(O)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Dora Mac Clain. (mother)

(Address) 812 Hanover St.

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) H. A. Lancaster, M. D. (Coroner)

3/11, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs.,....mos.,....ds. In the State....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. Date of Burial Mar. 4 1929

20 UNDERTAKER H. A. Brown & Son ADDRESS W. Fayette

very important. See instructions on back of certificate. EXACT STATEMENT of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

E 43918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43918

CERTIFICATE OF DEATH

REGISTERED NO. 101

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 E [redacted] ST. 5-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josiah Jones

(a) RESIDENCE NO. 1402 E Fairmount ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

-a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Jones

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laurnia Br[redacted]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Grace Jones

(Address) 1402 E. Fairmount

15 Filed [illegible] 19 29 HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1929

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to March 10, 1929, that I last saw her alive on Mar 10 8:30 A m. 1929 and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Mar 12 19 29 (Address) 508 one [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL March 13 19 29

20 UNDERTAKER Edward Bry[illegible]

ADDRESS 631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

Cleburne

E 43919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43919

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellis Clyburn

(a) RESIDENCE NO. 1517 E Fayette St WARD 8 & 6

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Jack

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Smart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Rev. Ballard Address 1517 E Fayette St

15 Filed [illegible] 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/29

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 19 29, to 3/8, 19 29, that I last saw h[illegible] alive on 3/8, 19 29, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pelvic Inflammation

Uncle (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Blood poisoning (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observed Fact

(Signed) H. W. Wick M. D.

19 (Address) Baltimore City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Landon D. C.	March 12, 1929
20 UNDERTAKER Edward Bergan	ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 43920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43920

CERTIFICATE OF DEATH.

× 188-103

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Hamilton & Belair Rd. St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Hartley

(a) RESIDENCE NO. Martinsburg W. Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced? (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 19 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Helper in Garage

(b) General nature of industry, business, or establishment in which employed (or employer): Auto

(c) Name of employer

9 BIRTHPLACE (city or town): Martinsburg

(State or country): West Va.

PARENTS

10 NAME OF FATHER: Edward Hartley

11 BIRTHPLACE OF FATHER (city or town): Martinsburg

(State or country): W Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant: A. Ragueschot

(Address): Martinsburg W Va

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis Contributory Acute Rheumatism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

19 ..... (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W Va Date of Burial: Mar 11 19 29

20 UNDERTAKER: Charles H Kehmer ADDRESS: [illegible]

very important. See instructions on back of certificate. ... STATEMENT OF OCCUPATION is

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-802

E 43921

CERTIFICATE OF DEATH

E 43921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St., 17-24 Ward)

2-FULL NAME Robert Bennett

(a) RESIDENCE NO. 1342 Druid Hill Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

important. See instructions on back of certificate. It is very important that all items be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Bennett

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	77			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Old
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Queens Co Md

PARENTS

10 NAME OF FATHER Bennett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Henrietta Collins
(Address) 124 Caroline

15 Filed ... 1929 ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro-Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted If not at place of death? Own Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. Ross Ruter, M. D.

3/10, 1929 (Address) 705 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nat'l B Cem DATE OF BURIAL 3-12 1929

20 UNDERTAKER Jas. Wm. Elkins ADDRESS 1620 E. Madison St

1929 C. HAMPSON JONES M.D.

Spec.—1-12-23—M&T—500 Blks.

E 43922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43922

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 2220 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Heintz.

(a) RESIDENCE No. 692 Washington Blvd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Heintz

6 DATE OF BIRTH (month, day, and year) [illegible] 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER David Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER [illegible] Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Andrew Leight (Address) 692 Washington Blvd

15 Filed MAR 11 1929 C. HAMPSON [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929 to March 9, 1929 that I last saw her alive on March 9, 1929 and that death occurred, on the date stated above, at 3:45 a. m

The CAUSE OF DEATH* was as follows:

Cardio-Renal: Vascular Disease - Hypertensive

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia & Generalized Anasarca.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack [illegible] Simms, M. D.

3/9/1929 Address) West Balto. General.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/12/29

20 UNDERTAKER J. M. Cook — ADDRESS 1217 E. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43923

E 43923

101-001

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE. (No. ST., 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jamie Clay

(a) RESIDENCE No. 3728 E. Mt. Pleasant ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Ludwig Clay

6 DATE OF BIRTH (month, day, and year) June 12 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53		10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer [redacted]

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER — "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 BALTIMORE CITY HOSPITALS

Informant [redacted]

(Address)

15 Filed APR 11 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-1929

17

I HEREBY CERTIFY, That I attended deceased from 3-5, 1929, to 3-9, 1929, that I last saw h[illegible] alive on 3-9, 1929, and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia, Rt upper Lobe,

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. M. Work, M. D.

BALTIMORE CITY HOSPITALS

*State the Di[redacted]nt Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3/12 1929
20 UNDERTAKER	ADDRESS
William Cook	1217 S. Paca

Spec.—1-12-23—M&T—500 Blks.

E 43924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1929 E 43924

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2139 N. Smallwood ST. 15-60 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Zellers

(a) RESIDENCE NO. 2139 N. Smallwood ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 7° yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Charles E. Zellers

6 DATE OF BIRTH (month, day, and year) Jan 29 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	1	10	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hardenberg Prussia

PARENTS

10 NAME OF FATHER John P. Baer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Salome Hahnstock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles E. Zellers
(Address) 2307 Rosedale St

15 Filed MAR 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 13 1929 to March 10 1929
that I last saw h alive on March 10 1929
and that death occurred, on the date stated above, at 5-20 P m.
The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown, M. D.

3/10 1929 (Address) 1837 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Frederick DATE OF BURIAL 3/14 1929

20 UNDERTAKER Nelson Cook ADDRESS 1215 S Caro

Spec.–7-17-26—A Co.—200 Bks.

E 43925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43925

REGISTERED NO. 29

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 66-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Robert Kammer

(a) RESIDENCE NO. 2318 Edmondson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 23 1872

7 AGE: Years 56 Months 11 Days 16

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Naval Officer

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo H Kammer

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Emma B Fahrbeger

13 BIRTHPLACE OF MOTHER (city or town): Balto Md.

(State or country)

14 Informant: Emma B Kammer

(Address) 2318 Edmondson

Filed 1929

CLARENCE JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/29 19

17 I HEREBY CERTIFY, That I attended deceased from 3/3/29, 19, to 3/9/29, 19, that I last saw her alive on 3/9/29, 19, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Interstitial (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

Malignant (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jos. Whitehead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn County

Date of Burial: March 13 1929

20 UNDERTAKER: Wm Rowlands

ADDRESS 2230 W Balto

Use pencil in plain letters, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43926

CERTIFICATE OF DEATH

143-002

E 43926

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine E Ball

(a) RESIDENCE NO. 1415 Linden Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Red C Oil Company

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Ball

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Etta Pilson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Etta Ball

(Address) 1 S. Payson Street

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 1929, to 3/10, 1929, that I last saw h alive on 3/10, 1929 and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured Tubal pregnancy

(duration) yrs. mos. 40 ds.

CONTRIBUTORY (Secondary) Localized peritonitis - Bilateral phlebitis - Lobar pneumonia ds. 40

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 1/20/29

Was there an autopsy? No Physical findings

What test confirmed diagnosis?

(Signed) Leo J. Hoblitzelle, M. D.

3/10, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar. 13 19 29

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43927

CERTIFICATE OF DEATH

66 ✓

E 43927

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 70-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Taylor

(a) RESIDENCE NO. 406 Lanvale ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	not known Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	76	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John C. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Cordelia ? Asmay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-29

17 I HEREBY CERTIFY, That I attended deceased from 2-14 ..... 19 29 to 3-9 ..... 19 29 that I last saw him alive on 3-9 ..... 19 29 and that death occurred, on the date stated above, at 11:55 A m

The CAUSE OF DEATH* was as follows:

Senility

(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hall M. D.

3/9 ..... (Address) BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Mar. 11 19 29
20 UNDERTAKER Joseph Cook	ADDRESS 1003 West Baltimore St

MAR 11 1929

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43928

CERTIFICATE OF DEATH.

129 E 43928

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2557 Edmondson Ave. ST. 20-69 WARD)

2-FULL NAME Dr. William F. C. Pitt

(a) RESIDENCE NO. 2557 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary C Pitt

6 DATE OF BIRTH (month, day, and year) Dec. 20. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Pitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Eisler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Charlotte Ella Pitt 2557 Edmondson Ave

15 Filed 1 1 1929 (Signed) H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to Mar. 10, 1929, that I last saw h~~im~~ alive on Mar. 9, 1929, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia (Streptococcus Erysipelas) according

~~Duration~~ (duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elmer L. Todd, M. D.

3/10, 1929 (Address) 735 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Westview Cem DATE OF BURIAL 19

20 UNDERTAKER Geo. W. Little ADDRESS

PLEASE write very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Kimess

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43929

E 43929

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 Frederick Ave. 4-28 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Kimmess

(a) RESIDENCE NO. 1807 Frederick St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced, (write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Kimmess

6 DATE OF BIRTH (month, day, and year): Jan 10 1854

7 AGE: Years 75 Months 2 Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER: Friedrich

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: John Wolf

(Address) 1807 Frederick Ave

15 Filed ....., 19.... C. HAMPSON JONES, M. D.

per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Claude H. Brooke M. D.

(Coroner) Fairmount

3/10, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial 19

20 UNDERTAKER: Geo W Little — ADDRESS

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43930

CERTIFICATE OF DEATH.

46

E 43930

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Church Home & Hosp. (St.) Baltimore, 1756 (Ward)

2-FULL NAME Mrs. Libbie Raetzer

(a) RESIDENCE NO. Evelyn apts. (St.) Garrison Blvd. (Ward) Edmondson Vill.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Raetzer

6 DATE OF BIRTH (month, day, and year): May 18 1867

7 AGE: Years 61 | Months 9 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): New York

(State or country): N.Y.

PARENTS

10 NAME OF FATHER: Wm Kraulz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): "

14 Informant: Mr. Harry Raetzer

(Address): Evelyn Apts

15 Filed MAR 11 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from January 21 19 29, to March 10, 19 29, that I last saw h.e.r alive on Mar 10, 19 29 and that death occurred, on the date stated above, at 2 10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Primary

Carcinoma Metastases to rectum & bladder.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Feb 26 1929.

Was there an autopsy? No

What test confirmed diagnosis? Section from cervix at previous admission

(Signed) John Mace Jr, M. D.

, 19 (Address) Church Home Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Hill Cem. Phila Pa. Date of Burial: Mar 12 1929

20 UNDERTAKER: Wm J Tockner Sons ADDRESS: North Ave

very important. See instructions on back of certificates.

Full Statement of OCCUPATION is

Cor.—10-10-29—A Co.—100 Bks.

E 43931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43931
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3204 Piedmont Ave. St., 15-61 Ward)

2-FULL NAME Sarah E. Gatzendaner

(a) RESIDENCE NO. 3204 Piedmont Ave St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis M.

6 DATE OF BIRTH (month, day and year) Jan 17-1843

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	85	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Montgomery Co
(State or country) Md

PARENTS

10 NAME OF FATHER Henry Young

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Chiswell

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Lillie V. Hillery
(Address) 3204 Piedmont Ave

15 Filed ..., 19...
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 10th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry)

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Colgrave Taylor M. D.

(Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Frederick, Md.

DATE OF BURIAL March 12 1929

20 UNDERTAKER J. Fuchs & Sons

ADDRESS Baltimore

important. See instructions on back of certificate.

MAR 11 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43932

161-001

REGISTERED NO. E 43932

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Madison ave) (St.) 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Infant Godfrey

(a) RESIDENCE NO. 1218 madison ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/7/29

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Clarence Godfrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ozella Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Ozella Nicholson

(Address) 1218 Madison

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/29

17 I HEREBY CERTIFY, That I attended deceased from 3/6/29, 19..., to 3/7/29, 19..., that I last saw h... alive on 3/7/29, 19..., and that death occurred, on the date stated above, at 5:10 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Antenatal Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Thos. Bailey, M. D.

3/7/29 19... (Address) 908 Eshom Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19...

20 UNDERTAKER — ADDRESS

PUBLIC CEMETERY

HAMPSON [illegible] Commissioner of Health

OCT 11 1929 — JAN 11 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43933

CERTIFICATE OF DEATH

151

E 43933

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 37 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lewis Sanhoff

(a) RESIDENCE NO. Same ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/13/77

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed , 19 Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/29

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to 3/17 , 1929, that I last saw h[illegible] alive on 3/17 , 1929 and that death occurred, on the date stated above, at 12.20 P.M.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

7 Days

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 3/17/29

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. [illegible] M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	MAR 11 1929

20 UNDERTAKER Commissioner Health

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43934

CERTIFICATE OF DEATH

178 E 43934

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(a) RESIDENCE NO. 878 ST. Johns Court St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant N.E. Police
(Address)

15 Filed MAR 11 1929, 19 C. HAMPTON MOORE, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia(Terminal)
Burns Face, hands & arms. Residence afire Feb 10/29

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism-Delerium Tremens

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. C. Moore, M. D.

3/9/29 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

THE MORGUE.

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43935

CERTIFICATE OF DEATH

E 43935

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3201 Carlisle Av. Ward 12-49 Ward)

2-FULL NAME Nellie F. Sinkle

(a) RESIDENCE NO. 311 Windsor Ave., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Granville B Sinkle

6 DATE OF BIRTH (month, day and year) Oct 21-1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	4	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Kinsley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ella Heald.

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Granville B. Sinkle
(Address) 311 Windsor Ave

15 Filed APR 11 1929 J. C. HAMILTON JONES Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 12 1929

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis (duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Smith M. D.

Mar 18 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Mar 12 1929
20 UNDERTAKER Henry J. Jenkins Bro & Co	ADDRESS McCulloh & Eutaw Sts.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-12-29—M&T—500 Blks.

E 43936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100 E 43936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 753 W. Fairmount Ave (ST.) (WARD) 26

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Sweets

(a) RESIDENCE NO. 753 W. Fairmount Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-10-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nathaniel Sweets

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Isabella Sawyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mother Isabelle Sweets
(Address) 753 W. Fairmount

15 Filed 11 1929 C. HAMPSON JONES M.D. By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-9-, 1929, to 3-10-, 1929, that I last saw him alive on 3-9-, 1929, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) Mucopurulent Rhinorrhea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinically

(Signed) Samuel S. Glick, M. D.

, 19 (Address) 3904 Park Hts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery — DATE OF BURIAL: May 11 1929

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 N. Schroeder St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-081 ✓ E 43937

1—PLACE OF DEATH

REGISTERED NO. 7-13

CITY OF BALTIMORE: (No. 1707 E. Eager ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine R. Jennings

(a) RESIDENCE NO. 1707 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Bernard Jennings

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Alton Marshall

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Alton Marshall
(Address) 1707 E. Eager

15 Filed ..., 1929 C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 29

17 I HEREBY CERTIFY, That I attended deceased from March 5, 19 29, to March 7, 19 29,

that I last saw h... alive on March 7-29 19 29

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchus - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? examination

(Signed) Calvin B. McCosh, M. D.

, 19 (Address) 614 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon County	Mar. 11 1929
20 UNDERTAKER Mrs. R. C. Elliott	ADDRESS 172 Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 43938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43938

CERTIFICATE OF DEATH.

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2637 (St.) Guilford Ave (Ward) 12-50

2-FULL NAME Minnie J Feldhaus

(a) RESIDENCE No. 2637 (Usual place of abode) Guilford Ave ST., WARD

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 26 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Eberhardt Feldhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Greta Dimkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Anna. Stegman

(Address) 2637 Guilford ave

15 Filed 11-1-1929, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-9th 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to March 9, 1929, that I last saw h[illegible] alive on March 9, 1929, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Peck M. D.

3/10, 1929 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: 3-12th 1929

20 UNDERTAKER: Chas A G Rohde

ADDRESS: Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 43939 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43939

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1335 S Charles ST. 23 23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Ostendorf.

(a) RESIDENCE NO. 1335 S Charles ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Ostendorf.

6 DATE OF BIRTH (month, day, and year): 3-13-1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	24 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Frank Ostendorf

(Address): 1335 S Charles St

15 Filed 1 1 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-9 1929

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 9, 1929, that I last saw her alive on March 9, 1929, and that death occurred, on the date stated above, at 5 58 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) 6 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma Large Intestine

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A Ehrmann, M. D.

, 19 (Address) 1337 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Crem Co.

DATE OF BURIAL: 3-12 1929

20 UNDERTAKER: E T Kahn

ADDRESS: 115 E Mt St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43940

CERTIFICATE OF DEATH

E 43940

100-901

1—PLACE OF DEATH

REGISTERED NO. 13-57

CITY OF BALTIMORE: (No. 1519 Union Ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen L. Johnson

(a) RESIDENCE NO. 1519 Union Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —yrs. 7 mos. 27ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 11, 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
---- --	7	27 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John O. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosie E. Seal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant John O. Johnson

(Address) 1519 Union Ave.

15 Filed 1 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per ARD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 10, 1929, that I last saw her alive on March 9, 1929 and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank H. Hirschi, M. D.

19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ivy Hill Laurel, Md.	March 12 1929

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43941

CERTIFICATE OF DEATH

49 E 43941

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5707 Stuart Ave. ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thelma V. Donaldson

(a) RESIDENCE NO. 5707 Stuart Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 8 mos. 8 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard E. Donaldson

6 DATE OF BIRTH (month, day, and year) July 2, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John T. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary V. Burckard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Millard E. Donaldson
(Address) 5707 Stuart Ave.

15 Filed ..... 19 ..... E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 11th., 1929, to March 9th, 1929, that I last saw her alive on March 9th, 1929, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of lymph glands, primary in glands of neck.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized metastases.

(duration) One yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? Yes. Date of two years ago.

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical.

(Signed) C. W. G. Rohrer, M. D.

March 11, 1929 (Address) 2814 Ailsa Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 13, 29
20 UNDERTAKER Horace F. Burgee	ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43942

CERTIFICATE OF DEATH

E 43942

1—PLACE OF DEATH Baltimore

REGISTERED NO. 74-901

CITY OF BALTIMORE: (No. N. Bradford 1624 ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elmira Jane Maglidt

(a) RESIDENCE NO. 1624 Bradford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Maglidt

6 DATE OF BIRTH (month, day, and year) Aug 23 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1845	6 August 6.	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country)

PARENTS

10 NAME OF FATHER Thomas B. Toadvine

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Jemima Fredows Duncan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Co.

14 Informant Mrs Maglidt

(Address) 1628 N. Bradford

Filed Mar 1 1929, 19 C. HAMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 29

17 I HEREBY CERTIFY That I attended deceased from Mar 4, 1929 to Mar 10, 1929

that I last saw h. alive on Mar 10, 1929

and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. H. Hawes, M. D.

Mar 11, 1929 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Cem.

DATE OF BURIAL March 12th 1929

20 UNDERTAKER John Burns Sons

ADDRESS Towanda Pa.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43943

CERTIFICATE OF DEATH

1—PLACE OF DEATH Reisterstown Rd Pinkney Rd REGISTERED NO. 27-85-31

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard C. Babylon

(a) RESIDENCE NO. Reisterstown Rd. & Pinkney Rds WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Babylon.

6 DATE OF BIRTH (month, day, and year) July 3/1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co (State or country) Md.

PARENTS

10 NAME OF FATHER Hillbain Babylon.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Martha Groov.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Pa.

14 Informant Alice E. Babylon.
(Address) Reisterstown Rd Pinkney Rd

15 Filed 1 1 1929 C. HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10/29

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to March 10, 1929, that I last saw him alive on March 5, 1929, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia & Exhaustion

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Mullyn P. Bell M. D.

, 19 (Address) Wyliestown - Rus[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	3/12 1929
20 UNDERTAKER	ADDRESS 3607
Ehrenwerth & Son	Rhode

Spec.—2-29-28—L. F. S.—500 Blks.

E 43944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-001

E 43944

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 N. Charles ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olin Holiday Maynard

(a) RESIDENCE NO. 2609 N. Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 10 ds. How long in U. S., if foreign birth? 75 yrs. 7 mos. 10 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Maynard

6 DATE OF BIRTH (month, day, and year) July 29 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Maynard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Naomi Semmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ??? Virginia

14 Informant Mrs Mary J Maynard (wife)

(Address) 2609 N. Charles St

Filed MAR 11 1929 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10/29

17 I HEREBY CERTIFY, That I attended deceased from Mar 2 1927 to Mar 10 1929 that I last saw h alive on Mar 9 1929 and that death occurred, on the date stated above, at 11 2 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms only

(Signed) Dr. H. Pearce M. D.

Mar. 1929 (Address) 2105 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Mar 14 1929.
20 UNDERTAKER	ADDRESS
Stewart & Co	Balto

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43945

CERTIFICATE OF DEATH

1928 E 43945

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp St., 11-24 Ward)

2-FULL NAME Amos J. Barnes.

(a) RESIDENCE NO. 912 Gordon Al St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34 55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Lho
(c) Name of employer

9 BIRTHPLACE (city or town): Washington
(State or country): D. C.

PARENTS

10 NAME OF FATHER: Alfred Barnes

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country): D. C.

12 MAIDEN NAME OF MOTHER: Matilda Jones

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Matilda E. Barnes
(Address): 912 Gordon Al

15 Filed 11 1929 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Peritonitis
due to (duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Abdomen
(Homicide) (duration) yrs. mos. 6 days da.

18 Where was disease contracted if not at place of death? 912 Gordon Al

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H C Funk M. D.

. 19 (Address) Coroner N. W. Pa

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cemetery — DATE OF BURIAL: Mar. 12 1929

20 UNDERTAKER: Edel Undertaking Co — ADDRESS: 907 N. Eutaw

Be careful in your replies, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43946 E 43946

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Linnard ST. 16-70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Delaney (Burkheimer)

(a) RESIDENCE NO. 615 Linnard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Delaney

6 DATE OF BIRTH (month, day, and year): Aug 31st 1878

7 AGE: Years 50 | Months 6 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Beef Packer

(b) General nature of industry, business, or establishment in which employed (or employer): Amer. Stores Co.

(c) Name of employer: Amer. Stores Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Colwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Magee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John D. Delaney

(Address): 615 Linnard St

15 Filed ...., 19.... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15/29

17 I HEREBY CERTIFY That I attended deceased from Feb 5th, 1929 to March 15th 1929

that I last saw her alive on March 15th 1929

and that death occurred, on the date stated above, at 7 20 P. M.

The CAUSE OF DEATH* was as follows:

Sarcinoma Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10/26/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Bayard Carey M. D.

3/15, 1929 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Mar 18th 1929

20 UNDERTAKER: E. O. Weyant — ADDRESS: 1850 W Pratt St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43947 101-001 **E 43947**

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4407 Furley Ave St. 16-41 Ward)

2-FULL NAME William C. Sr. Wheeler

(a) RESIDENCE NO. 4407 Furley Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Wheeler

6 DATE OF BIRTH (month, day, and year) Jan 17th 1869

7 AGE	Years	Months	Days 23	IF LESS than 1 day ..... hrs. or ..... min.
	60	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Per United Railway

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William C. Wheeler

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Pen.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Emma C. Wheeler

(Address) 4407 Furley Ave

15 Filed _____, 19 _____ J. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1929

17 I HEREBY CERTIFY, That I attended deceased from March 6 1929 to March 10, 1929, that I last saw h[illegible] alive on March 10, 1929 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted —

If not at place of death? _____

Did an operation precede death? No Date of — .

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) J. S. Hardesty, M. D.

, 19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial 3/13 1929

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

Be sure that all questions are answered, as that is why the form is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Keva Morgenstein

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43948 — CERTIFICATE OF DEATH. — E 43948

100-001

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) (St.) 70-69 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Keva morgenstein

(a) RESIDENCE NO. 2106 Wilhelm Ave ST., WARD
(Usual place of abode) Wilkens Ave
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Morgenstein

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nachman Morgenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lelly Bichoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rachael Morgenstein
(Address) 2106 Wallsens ave

15 Filed DEC 12 1923 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11 1924

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1924, to Mar 11, 1924,

that I last saw him alive on Mar 11, 1924,

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Meyer Muller M. D.

1924 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mash Rd — DATE OF BURIAL 3/12 1924

20 UNDERTAKER Jack Lewis 1439 Eutaw St — ADDRESS

Sections to be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 43949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-002

E 43949

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospt ST. 4-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Long

(a) RESIDENCE NO. 1415 W Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9th 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Edward L. Long

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Hilda Pattison

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Mr. Edward Long (Address) 1415 Lombard St.

15 Filed ... 19 ... Per ... Registrar

C. HAMILTON JONES, M. D.

R 1 2 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929 to Nov 11, 1929

that I last saw her alive on Nov 11, 1929

and that death occurred, on the date stated above, at 6 00 P m.

The CAUSE OF DEATH* was as follows:

Unknown

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nicholas D. Bonello, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL Nov 12 1929

20 UNDERTAKER John J Cowan & Son. — ADDRESS 901 Hollins St.

NOTE—It is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 43950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 43950

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 N. Gilmore St. 1927 Ward)

2-FULL NAME Susie Key

(a) RESIDENCE NO. 309 N. Gilmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Key

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster

(State or country) S. C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant John Key

(Address) 309 N. Gilmore

15 Filed MAR 12 1929 H. LAMAR JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows: Cancer of Uterus and Appendages.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooks M. D.

(Coroner) Lyd. Ave

3/11, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — Date of Burial Mar 13 1929

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

BE DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 43951 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43951

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 S. East Ave St., 1-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Yarosz

(a) Residence No. 824 S. East Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6-DATE OF BIRTH (month, day and year) 1866

7-AGE, 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) Austria (State or Country),

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (city or town) Askstria (State or Country),

12-MAIDEN NAME OF MOTHER, dont know

13-BIRTHPLACE OF MOTHER (city or town) Austria (State or Country),

14- (Informant) Mary Buczkowska

(Address) 824 S. East ave

15- Filed 2 1929 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 11, 1929

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 29, to Mch 11 29,

that I last saw h[illegible] alive on Mch 6 1929

and that death occurred, on the date stated above, at 3:50 P.M.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetis Mellitus

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rysanek M. D.

(Address) 824 S. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem DATE OF BURIAL, March 13 1929

20-UNDERTAKER, Stephen J. Fialkowski ADDRESS 1202 S. Kenwood ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43952

CERTIFICATE OF DEATH

E 43952

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Caudry St near Howard St. Ward)

2-FULL NAME William Stewart

(a) RESIDENCE NO. 841 Ostrud St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: Years 34 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town):
(State or country) Md

PARENTS

10 NAME OF FATHER Andrew Stewart

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Carroll

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Md

14 Informant Andrew Stewart
(Address) 841 Ostrud St

15 Filed MAR 2 1929, 19 C. HAMPSON JONES, M. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

3/11, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3-12 1929

20 UNDERTAKER: Samuel Easton

ADDRESS 946 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

43953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43953

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Cordelia Ave ST. 27-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Albert Schaeffer 3rd

(a) RESIDENCE NO. 5306 Cordelia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 10 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles A. Schaeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Waynesboro Pa

12 MAIDEN NAME OF MOTHER Hilda B Bober

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles A. Schaeffer

(Address) 5306 Cordelia Ave

15 Filed MAR 12 1929 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10-1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 10, 1929, that I last saw him alive on Feb 9, 1929 and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. about mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tyne of Pneumonia

(Signed) Oswald S Bacon M. D.

3/11, 1929 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 12 1929
20 UNDERTAKER	ADDRESS
J. Fielding Jones & Son	W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 43954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 E 43954

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Guy Cochran.

(a) RESIDENCE NO. 3308 Alto Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie N. Cochran

6 DATE OF BIRTH (month, day, and year) July 9, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Staunton Va.

PARENTS

10 NAME OF FATHER Charles J. Cochran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winchester Va.

12 MAIDEN NAME OF MOTHER Annie Guy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Staunton Va.

14 Informant Hospital Records

(Address)

15 Filed MAR 12 1929 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/29

17 I HEREBY CERTIFY, That I attended deceased from 3/9/29, 19..., to 3/11/29, 19...

...on 3/11/29, 19...

...stated above, at 2:45 p.m.

The CAUSE OF DEATH was as follows:

Duodenal ulcer

Chronic Valvular Heart Disease

acute gangrenous appendicitis (duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforated ulcer - purulent peritonitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3/9/29

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Jamison M. D.

3/11/29 (Address) 1211 Eutaw Place

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Mar 13 1929

20 UNDERTAKER Wm J Tickner & Sons

ADDRESS N. & Pa

Spec.—1-12-23—M&T—500 Bks.

E 43955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1902 W. Mosher ST. 16-22 90 (WARD)

2-FULL NAME Edward Otto Sauer

(a) RESIDENCE NO. 1902 W. Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma E.

6 DATE OF BIRTH (month, day, and year) Mar 8 = 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Co

(c) Name of employer Anderson & Ireland

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Justus Sauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mendel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma E. Sauer

(Address) 1902 W. Mosher street

15 Filed MAR 12 1929 H. RAWLINGS JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Mch-8, 1929, to Mch-10, 1929 that I last saw him alive on Mch-10-1929 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Madeline W. Shook, M. D.

3-16-29 (Address) 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 3/18/1929

UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson

IMPORTANT See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43956

CERTIFICATE OF DEATH

129 E 43956

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 S. Regester St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Quentin

(a) RESIDENCE NO. 26 S Regester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Quentin

6 DATE OF BIRTH (month, day, and year): March 8, 1879

7 AGE: Years 50 Months — Days 2 da

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer, Small

(b) General nature of industry, business, or establishment in which employed (or employer): Repair jobs.

(c) Name of employer: Mr. Mitnick

9 BIRTHPLACE (city or town): Annamundel Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town): Annamundel Co

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

14 Informant: Emma Quentin

(Address) 26 S. Regester

15 Filed APR 12 1929

C. HAMPSON JONES, M. D. Registrar

BY MCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 10 / 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 19 29, to Mar. 10, 19 29,

that I last saw h[illegible] alive on Mar 10 / 19 29,

and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows: Hemorrhagic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? None Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) Richard S Eveleigh M. D.

, 19 (Address) 151 S Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: March 14 19 29

20 UNDERTAKER: Milton Davis — ADDRESS: 413 N Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43957

CERTIFICATE OF DEATH

45

E 43957
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Ford

(a) RESIDENCE NO. 2012 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J Ford

6 DATE OF BIRTH (month, day, and year) Oct 12 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Roger Ford

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Holan

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Regina J Ford

(Address) 2012 W Saratoga

15 Filed APR 12 1929 H. [illegible] JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/29 19

17 I HEREBY CERTIFY, That I attended deceased from 1/30/29, 19, to 3/10/29, 19, that I last saw him alive on 3/10/29, 19, and that death occurred, on the date stated above, at 1 42 PM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Descending Colon (duration) yrs. 3 mos. 6 da.

CONTRIBUTORY (Secondary) Abscess in Abdominal Wall (duration) yrs. 3 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/29/29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. S. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 3/13/29

20 UNDERTAKER Geo A Talley Sons ADDRESS Fayette

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 43958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 E 43958

1-PLACE OF DEATH Aged Mens Home — REGISTERED NO.

City of BALTIMORE: (No. 1400 W Lexington St. 4-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Peppras

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 9, 1850

7 AGE: 79 Years 78 Months 2 Days 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Earl Peppras

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary E. Forester

(Address) 1406 W Lexington

Date MAR 12 1929

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1927, to March 11, 1929

that I last saw ~~him~~ alive on March 8, 1929

and that death occurred, on the date stated above, at 5. P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B Jarrett M. D.

(Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — Date of Burial: Mar 13 1929

20 UNDERTAKER: George J Smith — ADDRESS: Holliday

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E. E. Dougherty, 1602 Penna Ave

E 43959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43959

CERTIFICATE OF DEATH

100-00

1—PLACE OF DEATH

REGISTERED NO. 23-32

CITY OF BALTIMORE: (No.) 1634 E Charles ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Roussey

(a) RESIDENCE NO. 1634 E Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William Roussey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Rhoda Sowers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Louis F. Tenal
(Address) 1634 E. Charles St

15 Filed 1929 C. H. [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1929

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 10, 1929,

that I last saw h alive on March 10, 1929

and that death occurred, on the date stated above, at 11-30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(doration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos E Dougherty, M. D.

, 19 (Address) 1602 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3/13 19 29
20 UNDERTAKER	ADDRESS
J. M. Cook	1217 E. Baltimore St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43960

CERTIFICATE OF DEATH

186-103

E 43960

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Gillard

(a) RESIDENCE NO. 2331 Eastern Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 05 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Gillard

6 DATE OF BIRTH (month, day, and year) Aug 28/1845

7 AGE	Years	Months	Days 12	IF LESS than 1 day hrs. or min.
	83	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) England

PARENTS

10 NAME OF FATHER George Gillard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Jane Kennard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Howard E. Gillard
(Address) 2331 Eastern Ave

15 Filed [illegible] 1929 [illegible] JONES, M. D.
Registrar

R 12 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Terminal)
Accidentally struck by automobile at Harford & Gorsuch Aves.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.

3/11/29 (Address) 523 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/13/29

20 UNDERTAKER W. Cook — ADDRESS 1211 E. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 43961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 43961

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Guilford Ave ST., 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie R. Beach

(a) RESIDENCE NO. 2002 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Beach

6 DATE OF BIRTH (month, day, and year): Oct. 12. 1852

7 AGE: Years 76 Months 6 Days 24 If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joseph Batchelor

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Susan Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: F. W. Beach

(Address): 115 McKewin St

Filed MAR 12 1929

H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/11/1929

17 I HEREBY CERTIFY, That I attended deceased from January 28, 1929, to March 11, 1929, that I last saw h[illegible] alive on March 11, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia, Influenza

(duration) yrs. mos. 29 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No Symptoms

(Signed) [illegible] M. D.

, 19 (Address) 332-E 22nd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 3/13 19 29

20 UNDERTAKER: J. H. Cole

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43962

CERTIFICATE OF DEATH.

100-001

E 43962
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1827 S. Charles ST. 23 WARD)

2-FULL NAME Thelma E. Bennett

(a) RESIDENCE NO. 1827 S Charles ST., 23 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 4/1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Lewis E. Bennett

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Rice

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Lewis E. Bennett
(Address) 1827 S Charles

15 Filed 3/12 19 29 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 19 29

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Mar 10, 1929, that I last saw h alive on Mar 9, 1929 and that death occurred, on the date stated above, at 6-20 A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia
(Primary)
(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

3/11, 1929 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/12 19 29

20 UNDERTAKER Wm. Cook — ADDRESS 1217 E Fayette St

MAR 12 1929

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43963

CERTIFICATE OF DEATH

49

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 8-17

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Moessinger

(a) RESIDENCE NO. 1925 E. Federal ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ H. L. Moessinger

6 DATE OF BIRTH (month, day, and year) May 31, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) York Co. (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER August Moessinger

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) ...

12 MAIDEN NAME OF MOTHER Melinda Coslow

13 BIRTHPLACE OF MOTHER (city or town) York Co. Pa (State or country)

14 Informant Mrs Lda Moessinger

(Address) 1925 E Federal

15 Filed ... 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Mar 12, 1929, that I last saw him alive on Mar 11, 1929 and that death occurred, on the date stated above, at 1:40 A m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Dec. 7, 1928

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Dr. Arthur Wamboy, M. D.

.19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/14 1929

20 UNDERTAKER Wm Cook

ADDRESS 121 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

E 43964 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-09 E 43964

BALTIMORE CITY HOSPITALS

CERTIFICATE OF DEATH

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Johnson

(a) RESIDENCE NO. none ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del

PARENTS

10 NAME OF FATHER Joseph Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Cassander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Master of BALTIMORE [redacted] UNIVERSITY

(Address)

15 Filed 19 3253 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-29

17

I HEREBY CERTIFY, That I attended deceased from 3-8-29 to 3-8-29

that I last saw h alive on 3-8-29

and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Brain Hemorrhage, central, right —

CONTRIBUTORY (Secondary) Broncho-pneumonia (duration) 4 yrs. mos. ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) H. W. Mack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Per. Wm. E. Woodall

ADDRESS

MAR 12 1929 BALTIMORE CITY HOSPITALS MAR 12 1929

Spec.—2-29-28—L. F. S.—500 Blks.

E 43965 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43965

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Waller

(a) RESIDENCE NO. 8 Canton st (ST.) Hanover St (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Waller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hatter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... HARRISON JONES, M. Registrar

3361

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 29

17 I HEREBY CERTIFY, That I attended deceased from March 5, 19 29 to March 5 19 29

that I last saw h alive on March 5 19 29

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Haemorrhage Duiane & Perforated Tetanus Gravis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Haemorrhage from Ambilicus (duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAR 12 1929 Commissioner of Health MAR 12 1929

Spec.—2-29-28—L. F. S.—500 Hks.

22 E 43966 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-09 E 43966

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1554 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Williams

(a) RESIDENCE NO. 2414 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13 29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			36 hrs.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Morris Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa —

12 MAIDEN NAME OF MOTHER Edna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 12 1929, 19 [illegible] H. Hudson JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 - 29

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 7, 1929, that I last saw h[illegible] alive on March 7, 1929, and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Prematurity —

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. Norman Mc Cune, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

MAR 12 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 43967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 43967

1—PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 327 Roxbury ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Colton

(a) RESIDENCE NO. 327 Roxbury ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 10 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Frederick Colton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Janet Carr

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Albert S. Colton
(Address) 1037 N. Bond St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1929, to Mar 11, 1929, that I last saw he alive on Mar. 11, 1929 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

6 Chronic Laryngitis
Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Mar 14th 1929
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1124 E Monument St

Spec.—2-29-28—L. F. S.—500 Bks.

E 43968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

REGISTERED NO. E 43968

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2217 Winterling St. (or) WARD)

2—FULL NAME Baby Hohnsonn

(a) RESIDENCE NO. 2217 Winterling St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 12 1929

7 AGE: Years | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Julia M. Szyszerski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Father

(Address)

15 Filed ....., 19.... Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-12-29

17 I HEREBY CERTIFY, That I attended deceased from 3/12/29, 19..., to 3/12, 19 29, that I last saw h[illegible] alive on 3/12, 19 29, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Obvious signs

(Signed) David Nitz, M. D.

3/12, 19 29 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar 12 1929
20 UNDERTAKER	ADDRESS
M. W. E. Hoffpauir	3 Sams

Spec.—1-10-21—M&T—1500 Bks.

Jobes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43969

CERTIFICATE OF DEATH.

100-001

E 43969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Bloom St., 11 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jobes

(a) RESIDENCE NO. 544 Bloom ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Zebulon Jobes

6 DATE OF BIRTH (month, day, and year) Feb 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Baltimore

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Harry Jobes
(Address) 544 Bloom St

15 Filed MAR 12 1929 Harrison Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/1929

17 I HEREBY CERTIFY, That I attended deceased from 3/6 1929 to 3/10 1929 that I last saw h alive on 3/10/29 and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

CONTRIBUTORY (Secondary) Intestinal Nephritis (duration) yrs. 6 mos da.

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Jobes M. D.

3/11/29 (Address) 544 Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Mar 13 1929

20 UNDERTAKER Hammond Ellwood ADDRESS 1364 W Cary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43970

CERTIFICATE OF DEATH

31 E 43970

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1171 N. Ostend ST. (WARD) 23-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Georges.

(a) RESIDENCE NO. 1171 N. Ostend ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Georges

6 DATE OF BIRTH (month, day, and year) Oct. 28th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER William G. Hiar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Reminenyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg Pa.

14 Informant John N. Georges

(Address) 1171 N. Ostend St.

15 Filed APR 12 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1928, to Mar 11, 1929.

that I last saw h[illegible] alive on Mar 10, 1929

and that death occurred, on the date stated above, at 2 P. m.

The CAUSES OF DEATH* was as follows:

Bronchial dilatation

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. E. Dawkins, M. D.

(Address) 1 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	3/13/29
20 UNDERTAKER Margaret E. Flynn	ADDRESS 1417 Eutaw Pl.

Cor.—10-10-29—A Co.—100 Bks.

E 43971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 43971
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at
City of Baltimore: (No. Gulf City Hospital St. Ward)

2-FULL NAME Stewart Marks

(a) RESIDENCE NO. 133 S. Spring St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	4	24 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country)

PARENTS

10 NAME OF FATHER Wm Marks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER
Laura Engleman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Philadelphia

14 Informant Florence Gilmore
(Address) 1333 Spring St

15 Filed ... 19... M. D.
Register

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Rankin, M. D.
3/12, 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	Mar 14 19 29
20 UNDERTAKER Handell & Hagan	ADDRESS 2201 E Blvd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43972 — E 43972

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. No. 11-24 ST. (WARD)

2—FULL NAME Sanders Harmon

(a) RESIDENCE NO. 900 Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year)

7 AGE: 64 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed MAR 12 1929 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-9-29

17 I HEREBY CERTIFY, That I attended deceased from 3-7, 19 29, to 3-9, 19 29, that I last saw him alive on 3-9, 19 29, and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage, 1st

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [redacted] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19
20 UNDERTAKER	ADDRESS
Commissioner Health	MAR 12 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43973 90 E 43973 V

E 43973

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS [redacted] WARD) 5-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas F. Obrien

(a) RESIDENCE NO. 515 No. Central ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Australia

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment Richards BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed MAR 12 1929 Registrar 3364

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-29

17 I HEREBY CERTIFY, That I attended deceased from 3-6, 1929, to 3-8, 1929, that I last saw him alive on 3-8, 1929, and that death occurred, on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleural Effusion, Right - Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) H. W. Wood, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Jamieson Jones, M.

ADDRESS

Commissioner Health MAR 12 1929

Compliance: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43974 | CERTIFICATE OF DEATH | 161-002 E 43974

1—PLACE OF DEATH

REGISTERED NO. 21-28

CITY OF BALTIMORE: (No. 1423 Ward ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Taylor

(a) RESIDENCE NO. 1423 Ward ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 d. 6 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/9/29

7 AGE	Years	Months	Days	If LESS than 1 day, Hrs. or min.
				20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ppo

(c) Name of employer

9 BIRTHPLACE (city or town) 1423 Ward St. (State or country) East. Md.

PARENTS

10 NAME OF FATHER Moses Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) East. Md.

12 MAIDEN NAME OF MOTHER Grace Pedrick

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Grace Taylor (mother)
(Address) 1423 Ward St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/29

17 I HEREBY CERTIFY, That I attended deceased from 3/9, 1929, to 3/9, 1929

that I last saw h/m alive on 3/9, 1929

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Intra-cranial Hemorrhage of New Born) (duration) yrs. 1 mos. 2 ds. Newborn

CONTRIBUTORY (Secondary) (unimportant) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Utero

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Fronkausch M. D.

3/9, 1929 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

LAWSON JONES, M. D. Commissioner of Health

MAR 12 1929

859 29

Spec.—(-12-23—MAT—500 Blks.

E 43975 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43975

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Adelia Morgereth

(a) RESIDENCE NO. 3233 Dudley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of H. Joseph Morgereth

6 DATE OF BIRTH (month, day, and year) Jan 30-1877

7 AGE Years 51 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Trunk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Fadel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs H. Joseph Morgereth

(Address) 3233 Dudley Ave

15 Filed 12 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10 1929

17

I HEREBY CERTIFY, That I attended deceased from 3-8, 19 29, to 3-10, 19 29

that I last saw her alive on 3-10, 19 29

and that death occurred, on the date stated above, at 3.158 m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic Interstitial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Nicholas J. Donnelly, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemtry — DATE OF BURIAL March 14 1929

20 UNDERTAKER John A Moran — ADDRESS 3000 E Balto St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43976

[redacted]

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Lakewood Ave. ST. 6-10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Franklin Pierce Higgaby

(a) RESIDENCE NO. 109 N. Lakewood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 DATE OF BIRTH (month, day, and year) Oct 11th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Engineer Steamship

(b) General nature of industry, business, or establishment in which employed (or employer) Steamship Co

(c) Name of employer State of Maryland

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dorothy Higgaby

(Address) 109 N. Lakewood Ave.

15 Filed ..... 19 ..... Registrar

12 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11th 1929

17 I HEREBY CERTIFY, That I attended deceased from January 26 1929 to March 11th 1929, that I last saw h.m alive on March 10th 1929 and that death occurred, on the date stated above, at 11.55 A m.

The CAUSE OF DEATH* was as follows:

Chronic Arteritis Sclerosis with Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris J. Schmidlapp, M. D.

19 (Address) 1515 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemtry

DATE OF BURIAL March 13 1929

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 43977

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chas Hansen

(a) RESIDENCE NO. 957 N Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisher

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER William Hansen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant

(Address)

15 Filed 1 21929 C. HAMPSON JONES M. D. Registrar Per 2365

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/29

17 I HEREBY CERTIFY, That I attended deceased from 1/2 , 19 29, to 3/5 , 19 29

that I last saw h alive un 3/5 , 19 29

and that death occurred, on the date stated above, at 8.45 P.M.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

Chr. Empyaema L.

Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) H. Jos. Wood M.D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashmont Cem

DATE OF BURIAL 3-20 1929

20 UNDERTAKER D. [illegible] Commissioner of Health.

ADDRESS Edward Bryan 162 Aliceanna St

JOHNS HOPKINS HOSPITAL

MAR 12 192

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43978

100-001

E 43978

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 16 N ST., (WARD)

2—FULL NAME Emory Poole

(a) RESIDENCE NO. 618 No Fremont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mln.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Good-will-Industries

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Bushlod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records of

(Address)

15 Filed MAR 12 1929, 19 C. HAMPSON JONES, M. D. (Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-29

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 1928, to 3-6, 1929, that I last saw him alive on 3-6, 1929 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Slack, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

MAR 12 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Walter Burke

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43979

CERTIFICATE OF DEATH

31 E 43979

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 4-b WARD)

2—FULL NAME Walter Burke

(a) RESIDENCE NO. 500 E. Pratt st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (ur) WIFE of --

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Anthony Burke

11 BIRTHPLACE OF FATHER (city or town) Bridgeport (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Ann Ryne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed MAR 12 1929, 19 Per C. HAMPSON JONES, M. D. Registrar

8367

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1929, to March 6, 1929, that I last saw him alive on March 6, 1929 and that death occurred, on the date stated above, at 12.35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

3-6-29, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS MAR 12 1929

Commissioner Health

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-031

E 43980

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Olive St. ST. 43-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Norman R. Miles

(a) RESIDENCE NO. 1610 Olive St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20 1928

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Richard N Miles

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Schneider

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Miles
(Address) 1610 Olive St

15 Filed MAR 12 1929, C. HAMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-29

17

I HEREBY CERTIFY, That I attended deceased from Mar 4, 1929, to Mar 11, 1929

that I last saw h[illegible]alive on Mar 11, 1929

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia
(Primary)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell, M. D.

3/12 1929 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross, A.A. Co Md	3/13 1929
UNDERTAKER	ADDRESS
Jno Few McCully	130 E. Fort

Important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 43981 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43981

CERTIFICATE OF DEATH. 112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. North Ave. ST.) 17-20 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R. Wakeland

(a) RESIDENCE. No. 104 W. North Ave. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 1st 1859

7 AGE: Years 70 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Benson Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Wakeland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Mumma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. Azbud Le 104 W. North ave.

15 Filed DEC 12 1929 C. HAMPSON JONES, M. D. Registrar By Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 15th 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-12-29, 19.. to 3-15-29, 19.., that I last saw h alive on 3-12-29, 19.., and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Anemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Williams M. D.

3-15-29, 19.. (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/13/29
20 UNDERTAKER	ADDRESS
C. D. Fanning Sons-1938 E Monument	

DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 43982

1—PLACE OF DEATH

REGISTERED NO. 70-70

CITY OF BALTIMORE: (No. 3166 Wilkens Ave. ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta C. Laib

(a) RESIDENCE NO. 3166 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Laib

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER August Dehme

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Vonderheide

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William H. Laib

(Address) 3166 Wilkens Ave.

15 Filed MAR 12 1929, 19 H. A. HAMPSON, JOHN M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-29

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to March 10, 1929

that I last saw her alive on March 10, 1929

and that death occurred, on the date stated above, at 11 00 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis. Mitral
Incompetency C. Decompensation
Acute Sclerosis Arteriosclerosis

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Fisher, M. D.

3/11/29, 19 (Address) 2157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 13 1929
20 UNDERTAKER	ADDRESS
Chas. J. Wittle	531 N. Howard St.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43983

CERTIFICATE OF DEATH

129 ✓ E 43983

1—PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 5300 St. George Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George C. Gouldman

(a) RESIDENCE NO. 5300 St. George Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. – mos. – ds. How long in U. S., if foreign birth? – yrs. – mos. – ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine E. Carlton

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Theodore Gouldman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Katherine E. Gouldman

(Address) 5300 St. George Avenue

15 Filed ..., 19.... C. HAMPSON JONES, M. D. Registrar

12 1929 Dist. 4th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/29

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 10, 1929, that I last saw h.... alive on March 9, 1929 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Ch Interstitial Nephritis

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis obliterans

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

March 12, 1929 (Address) 321 Shindand Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Mar 13 1929

20 UNDERTAKER Henry W. Meade & Son ADDRESS 801 W. Lafayette

Important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 43984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43984

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Church Home + Inf

City of BALTIMORE: (No. Broadway + Fairmount Ave. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Schmidt

(a) RESIDENCE NO. 603 Bradford Ave St. Hagerstown, Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 7, 1903

7 AGE — Years: 25 — Months: 4 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Saleswoman~~ School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): " 68

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Louis Schmidt

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Doemel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: C. Suter

(Address): Hagerstown

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29 1929, to Mar. 12, 1929

that I last saw h alive on March 12, 1929

and that death occurred, on the date stated above, at 3:40 p.m.

The CAUSE OF DEATH* was as follows:

Brain abscess.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan. 29th 1929

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Johnson, M. D.

Mar 12 1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown, Md. — Date of Burial: March 29

20 UNDERTAKER: Wm. J. Tickner & Son — ADDRESS: N. 8th Ave.

1 27 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43985

CERTIFICATE OF DEATH

E 43985

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL Kyle- ST., 24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert ~~Kline~~ Cline

(a) RESIDENCE NO. 632 E. Kyle St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

Harrisburg - Va

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child

a If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6 DATE OF BIRTH (month, day, and year) Sept 2/192[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6 ~~7~~	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer) ~~none~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Cline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Isis Koffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1929 C. HAMPSON JONES, M. D. Registrar

Per RBR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/29

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to March 12, 1929

that I last saw him alive on March 12, 1929

and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

brain tumor, malignant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 12

Was there an autopsy? Removal of tumor

What test confirmed diagnosis?

(Signed) I. R. Taussig M. D.

Mar 17 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harrisonburg Va	3/13/1929
20 UNDERTAKER	ADDRESS
Phillips Herring	2016 Orleans St

Important. See instructions on back of certificates. Exact statement of OCCUPATION is necessary. All questions must be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

De Vries

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43986

CERTIFICATE OF DEATH

E 43986

1—PLACE OF DEATH

REGISTERED NO. 1425

CITY OF BALTIMORE: (No. Md. General Hospital ST., W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen De Vries

(a) RESIDENCE NO. Sykesville Md. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 13 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Sykesville, Md

PARENTS

10 NAME OF FATHER John A. DeVries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. and

12 MAIDEN NAME OF MOTHER Emma Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westminster Md.

14 Informant Hospital Records

(Address)

15 Filed 3-13-1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/29

17

I HEREBY CERTIFY, That I attended deceased from 2/22/29, 19 . to 3/13/29, 19 .

that I last saw her alive on 2/13/29, 19

and that death occurred, on the date stated above, at 2:05 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Diffuse peritonitis.

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2/23/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas Reynolds Jones, M. D.

3-13-29 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Freedom Cem.	Mch 15 1929
20 UNDERTAKER	ADDRESS
Reese Wood Sons	Sykesville

Important. See instructions on back of certificates. Each statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43987

CERTIFICATE OF DEATH

E 43987

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Division ST. 1724 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George R. Taylor

(a) RESIDENCE NO. 1306 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Georgeanna Taylor

6 DATE OF BIRTH (month, day, and year) Unknown 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiterman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Costen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Percy Taylor

(Address) 1306 Division St

15 Filed MAR 13 1929 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11-1929

17 I HEREBY CERTIFY, That I attended deceased from March 7. 1929. to March 11. 1929

that I last saw him alive on March 10. 1929

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Heart & Kidney disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Yarnall, M. D.

3-13 1929 (Address) 119 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3-14 1929

20 UNDERTAKER John H. Toadvin

ADDRESS 1027 Hanover

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. William Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43988 3/E 43988

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Smith

(a) RESIDENCE NO. 1325 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Florence Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Hospital Records

(Address)

15 Filed MAR 13 1929 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 7 29, 19..., to March 10 29, 19...

that I last saw him alive on March 10 29, 19...

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clirical and autopsy

(Signed) Harry C. Smith, M. D.

3-11, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	Mar. 13, 1929
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Pacific

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 43989 — 90 — E 43989

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2801 Remington Av ST., 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Johnson Hamilton

(a) RESIDENCE NO. 2801 Remington a ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Hamilton

6 DATE OF BIRTH (month, day, and year) June 9th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 021

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Easton
(State or country) Md.

PARENTS

10 NAME OF FATHER John Cropper

11 BIRTHPLACE OF FATHER (city or town) Easton
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Sutton

13 BIRTHPLACE OF MOTHER (city or town) Easton
(State or country) Md.

14 Informant Mary Smith

(Address) 2801 Remington Ave.

15 Filed MAR 13 1929 Harry Jones M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10/29

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 19 29 to March 10th, 19 29.

that I last saw her alive on March 9th, 19 29

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Endocarditis

(duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Articular Rheumatism

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. Finzer Gray III D. M. D.

3/11/29 (Address) 1006 - 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Mar. 13, 1929
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1925 Ashland

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Bulmash.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43990

CERTIFICATE OF DEATH

29 E 43990

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Bulmash

(a) RESIDENCE NO. 1933 Jefferson ST., WARD CT
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Bulmash

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 13 1929 Signature C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-29

17 I HEREBY CERTIFY, That I attended deceased from 3-2, 19 29, to 3-12, 19 29, that I last saw her alive on 3-12, 19 29 and that death occurred, on the date stated above, at 8 49 m.

The CAUSE OF DEATH* was as follows:

Ca of pancreas & metastasis to liver.

Possible (duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Nov 1928

Was there an autopsy? no

What test confirmed diagnosis? Physical findings only

(Signed) A. C. Bernheim, M. D.

3-12, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Mt. Carmel — DATE OF BURIAL 3-13-1929

20 UNDERTAKER Jack Levin, 1429 E Balto. — ADDRESS

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 43991

HEALTH DEPARTMENT—CITY OF BALTIMORE

41-E 43991

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Hamilton ave ST. 27-43 WARD)

2-FULL NAME Lucy Alice Isaac Williams

(a) RESIDENCE NO. 4008 Hamilton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of James F. Isaac Williams

6 DATE OF BIRTH (month, day, and year) Oct. 24 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Jim Packard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Lucy Skinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Mr. Jas. F. Williams

(Address) 4008 Hamilton ave

15 Filed MAR 13 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 12. 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 1927 to Mar. 12 1929, that I last saw her alive on Mar 12 1929, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Senile degeneration. uterus Scirrous

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pain of bowels & kidneys

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Burton, M. D.

, 19 (Address) 1101 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockland Main

DATE OF BURIAL March 15th 1929

20 UNDERTAKER Josiah Lyter

ADDRESS 1600 W. Mart Ave

PRR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 43992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43992

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 n. Caroline ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Mist

(a) RESIDENCE NO. 305 n. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Mist

6 DATE OF BIRTH (month, day, and year) — — 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) 02

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Victoria Mist

(Address) 305 N Caroline St

15 Filed C. HAMPTON JONES, M. D. Registrar

MAR 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10. 1929. to March 10. 1929.

that I last saw h alive on March 10. 1929

and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Influenza, Acute articular Rheumatism. Pulmonary edema Myocarditis

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) W. H. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cust. Svc.

DATE OF BURIAL Mar 13 1929

20 UNDERTAKER Robt H. Williams

ADDRESS Eden St

Please write plainly, as this form is to be photographed, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43993

100-001

CERTIFICATE OF DEATH

E 43993

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 43 E. Hamburg St. ST. 73-33 WARD)

2—FULL NAME William A. Duckett

(a) RESIDENCE NO. 43 E. Hamburg St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 0 mos. 19 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Augustus Duckett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Myers

(Address) 43 E. Hamburg St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MAR 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/29

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 11, 1929, that I last saw him alive on March 10, 1929 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll, M. D.

, 19 (Address) 1211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 3/14 1929

20 UNDERTAKER S. Flew McCully

ADDRESS 1306 E. Fort

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43994 | 124 | E 43994

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Joseph Hospital REGISTERED NO. 6-10

CITY OF BALTIMORE: (No. Caroline ST., E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine O. Toole

(a) RESIDENCE NO. 157 N Milton ST., E WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David O'Toole

6 DATE OF BIRTH (month, day, and year) Aug. 22/1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James O'Toole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daniel O'Toole

(Address) 157 N. Milton ave.

15 Filed MAR 13 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-29.

17 I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19 to 3-12-29, 19, that I last saw h[er] alive on 3-12-29, 19 and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Cerebral Hypertension and Cerebral Hemorrhage

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3-11-29.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) S. B. Hundley, M. D.

19 29 (Address) St Joseph Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	March 15 19 29
20 UNDERTAKER	ADDRESS
Jos. J. Derr	156 N. Lugard

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Musser.

E 43995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 43995
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Brought from Stannard Homes 1-3-48 Ward)

2-FULL NAME Margaret Musser (or Musser)

(a) RESIDENCE NO. 5120 Craig St. ave. Govans Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret S. Musser

6 DATE OF BIRTH (month, day, and year): 2-13-1880

7 AGE: Years 49 Months Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Stern Bros

9 BIRTHPLACE (city or town): Switzerland

(State or country)

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: [illegible] Germany

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Margaret S. Musser

(Address): 5120 Craig Ave Govans

15 Filed, 1929 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-11-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac

(duration) yrs. mos. ds.

(Signed) H. T. Roby M. D.

(Coroner)

, 19 29 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 3/14 1929

20 UNDERTAKER: H. Brauning Son — ADDRESS 1136 Poplar Grove

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43996

CERTIFICATE OF DEATH

E 43996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 Scott ST., 18-24 WARD)

2—FULL NAME Anna George

(a) RESIDENCE NO. 108 Scott ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis J. George

6 DATE OF BIRTH (month, day, and year): April 10th 1858

7 AGE: Years 70 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Joseph George (Address) 1516 N. Gay St.

15 Filed MAR 13 1929 C. T. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11. 29

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929 to March 11, 1929

that I last saw her alive on March 10, 1929

and that death occurred, on the date stated above, at 2. m.

The CAUSE OF DEATH* was as follows:

1. General Status - Senilis
Mitral Regurgitation
(Influenza)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. S. Mayer, M. D.

3.11.1929 (Address) 1516 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 3/14 1929

20 UNDERTAKER: H. Brannigan Son

ADDRESS 1136 Pulaski

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43997

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 43997

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 628 E. 28th St. (WARD) 9-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johnson Brevington

(a) RESIDENCE NO. 628 E. 28th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lett Brevington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clinton S. C.

14 Informant Bertha Seward

(Address) 2819 Sampson St.

15 Filed APR 15 1929 H. JAMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to March 11, 1929, that I last saw h-im alive on March 10, 1929 and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia following acute pleuritis and probably Grip

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age and Senility

(duration) 1 yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? ??? Date of ???

Was there an autopsy? ???

What test confirmed diagnosis? Surgical Examination

(Signed) H. H. Hall, M. D.

19 (Address) 1626 23rd St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	3/13 1929
20 UNDERTAKER Samuel Kemsley	ADDRESS 1778 N. Bradford St.

IMPORTANT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 43998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002

E 43998

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 19-28

CITY OF BALTIMORE: (No. ..... ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Reville

(a) RESIDENCE NO. 1512 W. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas. Bowers 1308 W. Baltimore St.

9 BIRTHPLACE (city or town) (State or country) America

PARENTS

10 NAME OF FATHER Peter Reville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Nugant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records of (BALTIMORE CITY HOSPITALS)

15 Filed MAR 13 1929 [redacted] Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1929 to March 12, 1929 that I last saw him alive on March 12, 1929 and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. M. Wick M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Mar 14 1929

20 UNDERTAKER D. George J. Smith — ADDRESS 1532 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43999

CERTIFICATE OF DEATH

E 43999

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N Monroe ST. WARD) 2027

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Bell

(a) RESIDENCE NO. 210 N Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Bell.

6 DATE OF BIRTH (month, day, and year) Aug 12 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Colein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ann Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Blanche Cunningham (Address) 210 N Monroe St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 19 29 to Mar 12 19 29

that I last saw h alive on Mar 11 19 29

and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) [illegible] M. D.

3/12 19 29 (Address) 719 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 14 1929
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 13 1929 [illegible]

Spec.—1-10-21—M&T—[illegible] Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44000
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

3 E 44000
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 643 W. Lee ST. 22-30 (WARD)

2-FULL NAME Elizabeth Purvey

(a) RESIDENCE NO. 643 W. Lee ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ———

6 DATE OF BIRTH (month, day, and year): ——— 1909

7 AGE — Years: 20 — Months: — — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: @ home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

PARENTS
10 NAME OF FATHER: George Calvert Co
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Mabel Thomas
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Maryland.

14 Informant: George Purvey
(Address): 922 Warner st

15 Filed MAR 13 1929 H. HANSON JONES, M. D. Registrar
er

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 10 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 1929, to 3/10, 1929, that I last saw her alive on 3/10, 1929, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Pulmonary Tuberculosis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no. Date of
Was there an autopsy? no.
What test confirmed diagnosis? none.

(Signed) Dan Trautman, M. D.
3/11, 1929 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemtery — DATE OF BURIAL: 3/13 1929

20 UNDERTAKER: Walter B. Spruggs — ADDRESS: 1214 W. Hamburg st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE or CONDITION which caused DEATH should be stated EXACTLY. PHYSICIANS should state TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44001

E 44001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hosp. St. 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William K. Hohman

(a) RESIDENCE NO. 317 S. Payson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9 - 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General natare of indastry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Clarence J. Hohman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Bertha M. Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mr. Clarence J. Hohman

(Address) 317 S. Payson St.

15 Filed 19 HARRISON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile struck him.

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooks Jr. M. D.

(Coroner) Dep. Coro

3-13, 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natare of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial 3-11 1929

20 UNDERTAKER C. L. Schwab ADDRESS 2101 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 12 1929

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44002

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 44002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Calhoun & Fayette ST. 27-55 WARD

2-FULL NAME Helen Commo

(a) RESIDENCE NO. 3342 Belvedere Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: George Commo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Spencer Mass.

12 MAIDEN NAME OF MOTHER: Sophie Rosenbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: mother

(Address)

15 Filed MAR 13 1929 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar. 5 1929 to March 12 1929.

that I last saw her alive on March 12 1929.

and that death occurred, on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? X-ray

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman, M. D.

3/12, 19 Address Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cedar Hill Cem

DATE OF BURIAL: 3/15 1929

20 UNDERTAKER: Urchan Cook

ADDRESS: 217 St Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44003 — REGISTERED NO. E 44003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 Baker ST. 15-68 WARD

2-FULL NAME Eleanor Ryan Moore

(a) RESIDENCE NO. 2715 Baker ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Detroit, Mich.

Prior residence 10 years up to 1920.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav Moore

6 DATE OF BIRTH (month, day, and year): Mar. 21, 1884

7 AGE: Years 44 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Chas. F. Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md
12 MAIDEN NAME OF MOTHER: Eleanor Ryan
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Anna T. Kane
(Address) 2715 Baker St

Filed MAR 1 1929

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 10 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1929 to Mar. 3, 1929.
that I last saw h[illegible] alive on Mar. 2, 1929
and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:
Hypertension Cardio-vascular-renal Disease
(duration) several months yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) 2 weeks yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A. Allen Krogman Surgeon, M. D.
, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL 3/18/29

20 UNDERTAKER: W. A. Cook — ADDRESS 1217 E. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 44004 HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

CERTIFICATE OF DEATH

E 44004

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2831 W. North Ave. ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robina Watkins Rolph

(a) RESIDENCE NO. 2831 W. North Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rolph

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila., Pa.

PARENTS

10 NAME OF FATHER William Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Priscilla Norcross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Charles Watkins Rolph

(Address) 2500 N. Charles St.

15 Filed MAR 19 1929 H. Lee Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-11-29

17 I HEREBY CERTIFY, That I attended deceased from Mar 2 1929 to Mar-11 1929, that I last saw h[er] alive on Mar 11 1929 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis
with
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Kidney disease
Senile (duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Ashley Cole, M. D.

3/12 1929 (Address) 2702 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown, Md.	Mar. 14 1929

20 UNDERTAKER ADDRESS

John O. Mitchell & Sons, 1900 Eutaw Pl.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 44005 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 44005

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Dolphin ST. 16th WARD)

2-FULL NAME James Thomas Mullikin

(a) RESIDENCE NO. 1205 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or Divorced (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Price Mullikin

6 DATE OF BIRTH (month, day, and year) April 10-1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Jesse Mullikin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eleanor Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs James Mullikin (Address) 1205 Dolphin St

15 Filed MAR 13 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12th 29

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to March 12 1929.

that I last saw him alive on March 11th 29

and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. C. Jones M. D.

3/12/29 (Address) 2757 W. Fronta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Talbot Co Md

DATE OF BURIAL Mar 14th 29

20 UNDERTAKER Fairland & Gore

ADDRESS 1257 N Lafayette Ave

N. B.—WRITE PLAINLY, WITH ONE PADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44003 CERTIFICATE OF DEATH E 44006

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jim Row

(a) RESIDENCE No. none ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 8-2 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	93			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records (Address)

15 Filed MAR 13 1929 HARRISON JONES, M. D. Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-29

17 I HEREBY CERTIFY, That I attended deceased from 8-2 1899 to 3-1 1929

that I last saw h alive on 3-1 1929

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic myocardial insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) H. Jeff Stark, M. D.

, 19 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. ADDRESS MAR 13 1929

BEFORE signing be carefully supplied. NOTE should be made EARLIER. PHYSICIANS should read OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

E 44007

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH

E 44007

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wilson.

(a) RESIDENCE NO. 5 W. York St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Wilson

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Rebecca Wilson
(Address) 5 W York St.

15 Filed 19 HAMILTON JONES, M. D. Registrar

MAR 13 1929

THE MORGUE 3373

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 6 th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 5 W York St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. Kirk M. D.

Mar 19 29 (Address) Coroner N. W. Dist

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS MAR 13 192

Per. Wm. E. Woodall

Spec.—2-29-28—L. F. S.—500 llks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44008

CERTIFICATE OF DEATH

E 44008

1—PLACE OF DEATH 1018 N. Dallas Stut — REGISTERED NO. 161-29

CITY OF BALTIMORE: (No. 1018 ST., N. Dallas WARD) 7-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Infant Ghee

(a) RESIDENCE NO. 1018 N. Dallas Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-10-29.

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Ethel A Kimbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant

(Address)

15 Filed MAR 13 1929 C. H. THOMPSON JONES, M. D. Registrar

Per 3370

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-29

17 I HEREBY CERTIFY, That I attended deceased from 3-10-29, 19..., to 3-10-29, 19..., that I last saw h... alive on 3-10-29, 19..., and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity
(4 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D. Butler M. D.

19, 19 (Address) 4257 N. Carlin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: NS HOPKINS HOSPITAL.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Dep. Registrar of Health.

MAR 13 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44009 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+129

E 44009

REGISTERED NO.

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST., 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2—FULL NAME Roy Walters

(a) RESIDENCE NO. York, Penna. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Henry Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Ella Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Records of BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] Registrar

3378 CPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 10, 1929,

that I last saw him alive on March 10, 1929

and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* was as follows: Chronic nephritis-interstitial with acute exacerbation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. H. Slack, M. D.

, 19 BALTIMORE CITY HOSPITALS (Address) [redacted]

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS MAR 13 1929

...E W. P. WOODALL

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 V E 44010

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 5-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roosevelt Roe

(a) RESIDENCE NO. 514 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of BALTIMORE CITY HOSPITALS

Address [redacted]

15 Filed [illegible] 1929 HAMPSON JONES, M. D. Registrar

3376

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1929 to March 11 1929

that I last saw him alive on March 11, 1929

and that death occurred, on the date stated above, at 12:05 A m.

The CAUSE OF DEATH* was as follows:

Meningitis - Tuberculous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Adenitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. M. Shuck, M. D.

1929 BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

MAR 13 1929

IMPORTANT—Physicians, Undertakers and Others Required to Report Deaths: Fill out this CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

06

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

164

E 44011

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

E 44011

REGISTERED NO.

1—PLACE OF DEATH [redacted]

CITY OF BALTIMORE: (No. 16-37 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Gerhardt

(a) RESIDENCE NO. North Point Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Gerhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of

(Address) BALTIMORE CITY HOSPITALS

15 Filed APR 12 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per 3376

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1927, to March 9, 1929, that I last saw h im alive on March 9, 1929 and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Fr. Finch M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER By Commissioner Health.

ADDRESS MAR 13 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44012

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓ E 44012

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) [redacted] ST., 5-9 (WARD)

2—FULL NAME Bessie Chapman

(a) RESIDENCE NO. 225 No Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Zack Tates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records of BALTIMORE CITY HOSPITALS [redacted]

15 Filed MAR 13 1929 3:35 P.M. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-29

17 I HEREBY CERTIFY, That I attended deceased from 3-7, 1929, to 3-9, 1929, that I last saw h[illegible] alive on 3-9, 1929, and that death occurred, on the date stated above, at 11.10 A.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial nephritis

(duration) 2 yrs 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Phys & Laboratory

(Signed) C. Hampson Jones M.D.

BALTIMORE CITY HOSPITALS, Md.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAR 1

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 44013

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Casualty Co ST., 21 WARD)

2—FULL NAME Jesse Kirwan.

(a) RESIDENCE NO. 2101 Garrison Blvd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia M. Kirwan

6 DATE OF BIRTH (month, day, and year) Mar 6-1858.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Md. Casualty Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Travers Kirwan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Esther Allbright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Walter Kirwan
(Address) 2723 Lauraston Road

15 Filed MAR 13 1929 H. LAMAR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12-1929.

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1929, to Mar 12, 1929.

that I last saw him alive on Mar 12, 1929

and that death occurred, on the date stated above, at 8.35 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation.

20 min.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) A. D. Fazenby, M. D.

19 (Address) Md. Casualty Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 14, 1929
20 UNDERTAKER Chas. T. Tuckwell Sons	ADDRESS N. & Pa.

(OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 44014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 V

E 44014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. W. Balto Gen Hosp St. 5-22 Ward)

2-FULL NAME Helen L. Sullivan

(a) RESIDENCE NO. 1714 Laurens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Sullivan

6 DATE OF BIRTH (month, day, and year): Jan 1, 1865

7 AGE — Years: 64 Months: 2 Days: 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town): Westmoreland Co
(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant: John T. Sullivan
(Address) 1714 Laurens St

Filed MAR 13 1929 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 11 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

Signed F. L. Luck M. D.
(Original) Coroner
Mar 13 19 29 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death? 1714 Laurens
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Mar 14 1929

20 UNDERTAKER: Wm J Tucker Sons ADDRESS North Ave

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44015

CERTIFICATE OF DEATH

E 44015

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Division ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Asie Luby

(a) RESIDENCE NO. Mt. Airy Md ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Luby

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt Airy, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Arthur Luby

(Address) Mt Airy

15 FILED MAR 13 1929 C. HAMPSON JONES, M. D. City Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929 to March 13 1929 that I last saw h e alive on March 13 1929 and that death occurred, on the date stated above, at 8 35 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

about 3 yrs. mos. ds.

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Bernard Harris, M. D.

19 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Farview Cem. Frederick Co.

DATE OF BURIAL March 16 1929

20 UNDERTAKER H. M. Snyder

ADDRESS Mt. Airy

Spec.—2-29-28—L. F. S.—500 Bks.

Zietter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44016

CERTIFICATE OF DEATH

161-09

E 44016

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joan Zieters

(a) RESIDENCE NO. 3613 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Baby

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Md

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md—

PARENTS

10 NAME OF FATHER Rufus Zieters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md—

12 MAIDEN NAME OF MOTHER Magdalena M'Gee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa—

14 Informant Friends—

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D.

By Registrar

R 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-29

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1929, to March 10, 1929.

that I last saw her alive on March 10, 1929

and that death occurred, on the date stated above, at 1-0 a—m.

The CAUSE OF DEATH* was as follows:

Prematurity—

(duration) yrs. mos 30 hrs

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) D. Douglas Cow, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS MAR 10 1929

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44017

CERTIFICATE OF DEATH.

E 44017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Pinkston

(a) RESIDENCE NO. 24 (or Madison St. Inf.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1929

7 AGE Years Months Days One

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edwin Pinkston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant

(Address)

15 Filed MAR 13 1929 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-4, 1929, to 3-4, 1929

that I last saw her alive on 3-4, 1929

and that death occurred, on the date stated above, at 2.24 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of the Newborn

Congenital Syphilis ... ds.

CONTRIBUTORY (Secondary) Intracranial Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19 MAR 13 1929

20 UNDERTAKER

ADDRESS

R 13 1929

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 44018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4319 La Salle Ave ST. 26-42 WARD) REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P. Huber

(a) RESIDENCE NO. 4319 La. Salle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Huber

6 DATE OF BIRTH (month, day, and year) April 16 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) O&D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Justine Metz

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Marie Spezzani (Address) 112 N. Paca Street

15 Filed MAR 13 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 5th 1928 to March 11th 1929.

that I last saw him alive on Feb 28th 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sarcoma

(duration) yrs 4 mos ds

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Stoner, M. D.

Mch 14 1929 (Address) 1801 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3-14 1929

20 UNDERTAKER Leonard J Funk — ADDRESS 6403 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

22281 E 44019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44019

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 9-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Shellady

(a) RESIDENCE NO. 1015 Lancaster Ave ST., WARD Wilmington Del.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Shellady

6 DATE OF BIRTH (month, day, and year) 10-13-75

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del

PARENTS

10 NAME OF FATHER Bayard Shellady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Hannah Guthrie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 13 1929 C. HAMPSON JONES, M. D. Registrar

R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 19 29, to Mar 13, 19 29

that I last saw him alive on Mar 13, 19 29

and that death occurred, on the date stated above, at 2 45 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion secondary to Arteriosclerotic Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. A. Gladstone, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Delaware — DATE OF BURIAL 3/13/29

20 UNDERTAKER Silvanti & Sons — ADDRESS Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44020

CERTIFICATE OF DEATH

E 44020

1—PLACE OF DEATH Md General Hosp. REGISTERED NO. 1124

CITY OF BALTIMORE: (No. Howard & Madison ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Jackson

(a) RESIDENCE NO. Perryville, Md ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) P R R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John E Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jackson Miss

12 MAIDEN NAME OF MOTHER Fanny Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Hosp Record
(Address)

15 Filed MAR 13 1929, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 12, 1929, to March 13, 1929

that I last saw him alive on March 13, 1929

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar 13

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. Kempschneider, M. D.

3/13, 1929 (Address) Md Gen Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Perryville, Md.	March 19 29
20 UNDERTAKER	ADDRESS
Wm A. Patterson	Perryville Md.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44021

CERTIFICATE OF DEATH.

x 32 E 44021

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mae F Downin

(a) RESIDENCE NO. Church Home & Infirmary St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER Seth Downin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Annie E Trunk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Family Record

(Address)

15 Filed MAR 13 1929 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 8 1929, to March 13, 1929, that I last saw her alive on March 13, 1929, and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 12 hrs

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Feb 1 1929

Craniotomy & removal of Cerebellar tubercle

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid Exam

(Signed) Vernon H. Hoover M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mercersburg Pa Date of Burial 3-14 1929

20 UNDERTAKER E & B Harbaugh ADDRESS 115 E West St

Spec.—12-9-25—A Co.—200 Bks. ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44022

CERTIFICATE OF DEATH.

29 E 44022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2448 W Baltimore (ST.) 40-64 (WARD)

2-FULL NAME Caroline Franck

(a) RESIDENCE. (No.) 2448 W. Baltimore ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John Franck

6 DATE OF BIRTH (month, day, and year) Dec 18th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at Home

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER Henry Summer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John A Franck 2448 W Balto St

15 Filed MAR 13 1929 C. HAMPSON JONES, M. D., Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Month 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Month 11, 1929, that I last saw h[illegible] alive on Month 11, 1929, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chronic Nephritis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degen. & insufficiency (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1929 (Address) 1961 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: 3-14 1929

20 UNDERTAKER: Mrs Chas A G Rohde ADDRESS: 2327 Edmondson Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44023

1—PLACE OF DEATH

REGISTERED NO. 100-901

CITY OF BALTIMORE: (No. 1047 Harford Ave ST.) 10-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Johnson

(a) RESIDENCE NO. 1047 Harford Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward Johnson

6 DATE OF BIRTH (month, day, and year) June 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Co.,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Josephine Rash
(Address) 1047 Harford Ave

15 Filed 13 1929, 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1929, to March 5, 1929 that I last saw her alive on March 5, 1929 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. A. Hondelem, M. D.

3/13, 1929 (Address) 733 Acquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore City Cemetery Funeral Dir. | DATE OF BURIAL Mch 14 1929

20 UNDERTAKER Stitt & Tenner | ADDRESS W. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44024 E 44024

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST. 10th WARD)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louis Huff

(a) RESIDENCE NO. 836 Lemmot ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline Huff

6 DATE OF BIRTH (month, day, and year): Feb. 1864

7 AGE: Years 65 | Months 1 | Days | If LESS than 1 day, ... hrs or ..... min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Michael Huff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Huff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Michael Miesgall

(Address) 832 Walnut St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Mar 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 19 29. to March 13th, 19 29.

that I last saw h.. alive on March 13th, 19 29.

and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Prostate.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis and chronic nephritis

(duration) 1 year yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of 2-4-29 2-11-29

Was there an autopsy? no 3-7-29

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Paul Schenken, M. D.

19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Mch 16 19 29

20 UNDERTAKER: Klahr & Johnson

ADDRESS: [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

E 44025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44025

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 400 Calvin Ave., St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R. Wright,

(a) Residence No. 400 Calvin Ave., St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Sept. 20, 1850

7-AGE: 78 yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none ?

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Unknown Ind

PARENTS:

10-NAME OF FATHER: George M. Ridges

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Stansbury

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

11- (Informant): Benjamin C. Wright,

(Address): 400 Calvin Ave.,

15- Filed MAR 13 1929 C. HAMPSON JONES, M. D. Registrar. By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar 12, 1929

17- I HEREBY CERTIFY, That I attended deceased from Mar 4 1929 to Mar 11 1929

(that I last saw h[illegible] alive on Mar 11 1929

and that death occurred, on the date stated above, at 2 a, m.

The CAUSE OF DEATH* was as follows:

1 Cerebral apoplexia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis.

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? clinical

(Signed) [signature] M. D.

3/13 1929 (Address) 2020 N. Charles

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: March 14, 1929

20-UNDERTAKER: E. Leroy Stiffler

ADDRESS: 125 E. North Ave.,

Should be filled in by typewriter. Must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44026

CERTIFICATE OF DEATH

24-001

E 44026

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 26-36

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2—FULL NAME Thomas P. Womer

(a) RESIDENCE NO. 6525 Detroit Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Womer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Singleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] C. HAMPSON JONES, M. D. Registrar

R 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19..., to 3-11-29, 19..., that I last saw him alive on March 11, 19 29 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Hoch M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Mar 14 1929
20 UNDERTAKER E. LeRoy Stubbs	ADDRESS 425 North Ave

IMPORTANT. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44027

CERTIFICATE OF DEATH.

89 E 44027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1883 W. Lombard St. ST. 19-28 (WARD)

2-FULL NAME John S. Magruder.

(a) RESIDENCE NO. 1883 W. Lombard St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Magruder.

6 DATE OF BIRTH (month, day, and year) August 8, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Magruder.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Rose O'Brein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Charles W. E. Magruder. (Brother.)

(Address) 1531 Marshall St.

Filed MAR 14 1929, 19

C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 18, 1929 to March 12th, 1929, that I last saw him alive on March 11th, 1929 and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Obstruction of Coronary Arteries. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? History & Clinical

(Signed) Otto M. Reinhardt, M. D.

3/13, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 3-15th 1929

UNDERTAKER Bernard C. Harle

ADDRESS 1000 S. Paca St

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44028 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-001

REGISTERED NO. E 44028

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., 18-26 (Ward)

2—FULL NAME Warren Briscoe

(a) RESIDENCE NO. 212 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) April 11, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	23		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Willie Briscoe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER Matilda Briscoe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Matilda Briscoe
(Address) 212 Aisquith St

15 Filed MAR 14 1929 HAMPTON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 29

17 I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1929, to Mar 12, 29

that I last saw h~~e~~ alive on Mar 12, 29

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of Mar 11, 1929

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris, M. D.

3/13, 19 29 (Address) Provident Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-14 19 29
20 UNDERTAKER	ADDRESS 916 Gay St
Daniel Eisler	

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44029 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44029
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Lexington ST., 18-W WARD)

2—FULL NAME Maggie L Lyles

(a) RESIDENCE NO. 1117 Lexington ST., 18 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col'd
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Lyles

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U.S.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U.S.

14 Informant: Richard Lyles
(Address) 1117 Lexington St

15 Filed MAR 14 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/12/29

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to March 12, 1929, that I last saw her alive on March 12, 1929, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Interstitial Degeneration of Kidneys

Contributory (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Alexander Frain M. D.

, 19 (Address) 119 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3-14 1929

20 UNDERTAKER: Dennis Eaton & Son — ADDRESS 916

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43

E 44030

CERTIFICATE OF DEATH

E 44030

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 ST., 17-24 WARD)

2—FULL NAME Joseph Collins

(a) RESIDENCE NO. 707 Wilmot St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bunla Collins

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years 59 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Frank Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucinda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bunla Collins

(Address) 707 Wilmot St

15 Filed APR 14 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13/29

17 I HEREBY CERTIFY, That I attended deceased from 11/23/29 to 3/13/29

that I last saw h— alive on 3/13/29

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) Chronic Nephritis

(c)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Byrd, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clover Va — DATE OF BURIAL 3-14 1929

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Important. See instructions on back of certificates. Any alteration or erasure renders this statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Blks.

Fadgen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44031 +7 ✓ E 44031

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 127-48

CITY OF BALTIMORE: (No. 733 Mc Cabe av ~~Street~~ (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa C. Fadgen

(a) RESIDENCE NO. 733 Mc Cabe av ~~Street~~ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael F. Fadgen.

6 DATE OF BIRTH (month, day, and year): Oct. 16 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Housewife~~ 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Michael Corrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine S.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant Paul [illegible] a Fadgen

(Address) 733 Mc Cabe av

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1929

17

I HEREBY CERTIFY, That I attended deceased from March, 1928, to March 12, 1929

that I last saw her alive on March 11, 1929

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease cantracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fantz J Kimzey, M. D.

19 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. Harford Rd.	March 14 1929
20 UNDERTAKER	ADDRESS
Geo. F. Fuith	1735 Harford av.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 44032

1—PLACE OF DEATH Md. Penitentiary Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 10 WARD 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Bradford

(a) RESIDENCE NO. 95 ½ Forrest St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaid Bradford

6 DATE OF BIRTH (month, day, and year) Oct 6, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jones Hebbe Wire Co

9 BIRTHPLACE (city or town) (State or country) Chesterfield Md.

PARENTS

10 NAME OF FATHER James Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chesterfield Md.

12 MAIDEN NAME OF MOTHER Lucretia Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chesterfield Md.

14 Informant Edward Bradford

(Address) 95 ½ Forrest St.

15 Filed APR 14 1929, 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928 to March 11, 1929 that I last saw him alive on March 11 1929 and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 7 mos. 11 ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene

(duration) yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-11-29

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) Chas Wm Edmunds, M. D.

, 19 (Address) Md. Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	Mar 15 1929
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pressman St

important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

44033

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 44033

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1932 N. Washington St. St. 8-17 Ward)

2-FULL NAME Bernard P. Clifford

(a) RESIDENCE NO. 1932 N. Washington St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel F. Clifford

6 DATE OF BIRTH (month, day, and year) Sept. 12 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector City Highway

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Bernard Clifford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hannah Naughton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Mabel F. Clifford

(Address) 1932 N. Washington St.

Filed MAR 14 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13th 1929

17

I HEREBY CERTIFY, That I attended deceased from March 7th 29 to March 13 29,

that I last saw h alive on March 11th 29,

and that death occurred, on the date stated above, at 6 o'clock

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Peters, M. D.

March 14 1929 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 3/16 19 29

UNDERTAKER Paul C. Maus & Son ADDRESS 118 W. Royal Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—500 Bks.

E 44034 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 44034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital 10-14 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Braun

(a) RESIDENCE NO. 830 Willow St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Braun

6 DATE OF BIRTH (month, day, and year) Aug 5th 1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Braun

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaid Wattlein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Margaret Braun

(Address) 1127 N. Bond

15 Filed ..... 19 ..... Registered ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Coma

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....mos. .....ds.

(Signed) Chas. H. Brooke M. D.

(Coroner) 300 E. Lexington St.

3/13. 1929 (Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial March 15th 1929

20 UNDERTAKER Henry Hoeck Sons Inc. ADDRESS 1301 E Eager St

MAR 14 1929

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44035

CERTIFICATE OF DEATH

90

E 44035

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Wing

(a) RESIDENCE NO. 2 Wisenfield Court ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6 DATE OF BIRTH (month, day, and year) [redacted]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(over)	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records of BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed MAR 14 1929 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929 to March 11, 1929.

that I last saw him alive on March 11, 1929

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Left - (old) Thrombosis - Chronic

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. H. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dashiell Com	Mar 14 1929
20 UNDERTAKER	ADDRESS
Robert F. Williams	1515 McCulloh St

Important. See instructions on back of certificates.

HARRISON BROS. & CO. INC. BALTIMORE

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44036 — CERTIFICATE OF DEATH — E 44036

1—PLACE OF DEATH

REGISTERED NO. 4-225-00

CITY OF BALTIMORE: (No. 3116 Foster Ave ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Benzing

(a) RESIDENCE NO. 3116 Foster Ave ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Benzing

6 DATE OF BIRTH (month, day, and year) Sept 22nd 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Home~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. Teklbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. J. Benzing (Husband)
(Address) 3116 Foster Ave

15 Filed MAR 14 1929 — [illegible] — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12/29

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 11, 1929, that I last saw h[illegible] alive on March 11, 1929 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. Joseph Fenlon, M. D.

. 19 (Address) 8005 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Mch 16 1929

20 UNDERTAKER Lilly + Zeiler Inc. ADDRESS 403 S. Wolfe St

Important. See instructions on back of certificates.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 2 3 7 8 E 44037

37 E 44037

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Brayden

(a) RESIDENCE NO. 1906 Hubert ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1926

7 AGE — Years: 2 | Months: 8 | Days: 15 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Brayden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Dorothy Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 19 29, to Mar 13, 19 29

that I last saw h[illegible] alive on Mar 13, 19 29

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

1. tuberculous meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid examination

(Signed) [signature], M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cathedral — DATE OF BURIAL: 3/16 19 29

20 UNDERTAKER: [illegible] — ADDRESS: 2172 Eutaw

important. See instructions on back of certificates.

v. Spec.—2-29-28—L. F. S.—500 Bks.

E 44038

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Pettemore 1228 Lanvale St
75-062 Postal Tel

CERTIFICATE OF DEATH

E 44038

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Washburne Ave ST. 25-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E Reinhardt

(a) RESIDENCE NO. 221 Washburne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

Important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Reinhardt

6 DATE OF BIRTH (month, day, and year): Oct 27, 1871

7 AGE: Years 57 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Melissa Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. Reinhardt

(Address) 221 Washburne Ave

15 Filed ... 19 ... HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12. 1929

17 I HEREBY CERTIFY, That I attended deceased from July 16th 1928 to March 12th 1929.

that I last saw her alive on March 11th 1929

and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic progressive paralysis

(Non Specific)

(duration) 1 yrs. 7 mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings Blood & Spinal Fluid Wassermann negative

(Signed) Stanley Kleindle M. D.

3/13, 1929 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edgewood

DATE OF BURIAL: 3/14 1929

20 UNDERTAKER: J. M. Cook

ADDRESS: 217 E Baltimore St

MAR 14 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kremplus / Spec St ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 44039

CERTIFICATE OF DEATH

11-00

E 44039

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 Hicomico ST. 21-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George F Kroener

(a) RESIDENCE NO. 1450 Hicomico ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Kroener

6 DATE OF BIRTH (month, day, and year): Jan 5. 1853

7 AGE: Years 76 | Months 2 | Days 7 | If LESS than 1 day, .. hrs. or .. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Carnagie Steel Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Kroener

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jennie Kroener
(Address) 1450 Hicomico St

15 Filed MAR 14 1929 H. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 12. 1929

17 I HEREBY CERTIFY, That I attended deceased from March 6. 1929. to March 12. 1929.

that I last saw h— alive on March 11. 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

3/18. 1929 (Address) 507 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: 3/15 1929

20 UNDERTAKER: Wm Cook — ADDRESS: 217 N Paul St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44040

CERTIFICATE OF DEATH

REGISTERED NO. E 44040

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3519 Raymond Ave ST., (WARD) 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Inez D Shaffer

(a) RESIDENCE NO. 3519 Raymond Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Berkley Shaffer

6 DATE OF BIRTH (month, day, and year) May 28 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry M Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Berkley Shaffer

(Address) 3519 Raymond Ave

15 Filed MAR 14 1928 ANDERSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13-29

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 24 to March 13 19 29 that I last saw h alive on March 7 19 29 and that death occurred, on the date stated above, at 18 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Fr Pneumonia

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm O McCary, M. D.

Address 700 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 3/16 19 29

20 UNDERTAKER J. M. Cook — ADDRESS 1217 E Pratt

Important. See instructions on back of certificates. NAME OF OCCUPATION is very

Spec.—1-10-21—M&T—1500 Blks.

E 44041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44041

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 1218 Mash Blvd (St., Ave.) WARD 24-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Essenwanger

(a) RESIDENCE NO. 1218 Mash Blvd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 5 1844

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
84	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John H Rohrmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Essenwanger

(Address) 1218 Mash Blvd

15 Filed MAR 14 1929 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1929

17 I HEREBY CERTIFY, That deceased from 3/9 1929 to 3/13 1929

that I last saw her alive on 3/13 1929

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) Senility 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) 4 yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rolland Dorn, M. D.

19 (Address) 1218 Mash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Mar 16 1929

UNDERTAKER John J Feldes — ADDRESS 1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 44042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44042
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 N. Mast St. (WARD) 8-17

2-FULL NAME John W. Groves

(a) RESIDENCE NO. 1401 N. Mast St.
(Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W Colo	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. Groves

6 DATE OF BIRTH (month, day, and year) June 4 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS
10 NAME OF FATHER John Groves
11 BIRTHPLACE OF FATHER (city or town) (State or country) Alexandr Va.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Ellen M. Groves
(Address) 1401 N. Mast St.

15 Dated Mch 14 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Mch 12 1929 to Mch 12 1929 that I last saw him alive on Mch 12 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Fuchs, M. D.
3/13 1929 (Address) 1823 N. Mast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Mem. Gdns. | DATE OF BURIAL Mch 15 1929

20 UNDERTAKER Robt J. Smyth | ADDRESS W. Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44043

CERTIFICATE OF DEATH.

2-31

E 44043

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Cholston.

(a) RESIDENCE NO. 923 S. Fremont Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Atlanta Ga.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant George F. Carpenter.

(Address) 923 S. Fremont Ave.

15 Filed MAR 14 1929, 19... C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (autopsy)
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy
(Inquest, autopsy or inquiry.)

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strychnine Poisoning.

Accidentally administered.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(Signed) Edward M. D.
(Coroner)

3/12, 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

923 S. Fremont Ave. March 8, 1929

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Mar 14 1929

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Do not write above this line. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

160

E 44044

CERTIFICATE OF DEATH

REGISTERED No. 44044

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3802 Ridgecroft Rd St. 27-45 WARD

2—FULL NAME Mary J. Maner

(a) RESIDENCE NO. 3802 Ridgecroft Rd St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 10/29

7 AGE: Years | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER J. Milton Maner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary M. Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant J. Milton Maner

(Address) 3802 Ridgecroft Rd.

15 Filed MAR 1 - 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13/29

17 I HEREBY CERTIFY, That I attended deceased from March 17/29, 19, to March 17/29, 19, that I last saw her alive on March 13/29, 19, and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Hosp (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr Wright, M. D.

March 13/29 (Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk bur

DATE OF BURIAL: 3/15/29

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Guy man

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44045 — CERTIFICATE OF DEATH — 47 — E 44045

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3311 Spaulding Ave ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Fuchman

(a) RESIDENCE NO. 3311 Spaulding Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Fuchman

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Silverman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Holder —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis
(Address): 1429 Ebdo Ave

15 Filed MAR 14 1929 — HAMILTON JONES, M. D. Registrar — 1172

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13/29

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to March 13, 1929, that I last saw h[illegible] alive on March 12, 1929, and that death occurred, on the date stated above, at 730 m.

The CAUSE OF DEATH* was as follows:

carcinoma gut breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Sinai Cem — DATE OF BURIAL: 3-14 1929

20 UNDERTAKER: Jack Lewis — ADDRESS: 1429 Ebdo Ave

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44046
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 ✓ **E 44046**
REGISTERED NO.

City of BALTIMORE: (No. 2105 Wilhelm St. 20-64 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Dimler

(a) RESIDENCE NO. 2105 Wilhelm St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Dimler

6 DATE OF BIRTH (month, day, and year): June 25-1851

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
77	77	8	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): News Paper
(c) Name of employer: Carrier

9 BIRTHPLACE (city or town) .....
(State or country): Germany

10 NAME OF FATHER: George Dimler

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margaretha Schaub

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country): Germany.

PARENTS

14 Informant: Mrs. Anthony Dimler
(Address) 2105 Wilhelm St.

Filed MAR 14 1929 HAMPSON JONES, M. D.
Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March. 12th 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to March 12 1929, that I last saw him alive on March 12 1929, and that death occurred, on the date stated above, at 9.40 P.m.

The CAUSE OF DEATH* was as follows:
General Arteriosclerosis
Cerebro Hemorrhage
Myocarditis (Chronic) (duration) yrs.
CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted? Home
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. H. C. Peter, M. D.
(Address) 2101 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: Mar. 15 1929

20 UNDERTAKER: George L. Schwab ADDRESS: 2101 Wilkens Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44047

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 44047

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hosp. ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wilbury Maddox

(a) RESIDENCE NO. 1701 Harlem ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 20/29

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lewis Maddox

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Catherine Weber

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mrs. Catherine Maddox
(Address) 1701 Harlem Ave. City

15 Filed ... 19... Registered by ... M. D.

APR 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/29

17 I HEREBY CERTIFY, That I attended deceased from 3/12/, 1929, to 3/13/, 1929, that I last saw h. l. m. alive on 3/13/, 1929 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Empyema
Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsberg, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Orleans Cemetery — DATE OF BURIAL May 15 1929

20 UNDERTAKER George L. Schwaft — ADDRESS 210 Fleet Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44048

CERTIFICATE OF DEATH.

89 E 44048

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 W. Fayette St. W. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wiggins

(a) RESIDENCE NO. 729 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address)

15 Filed MAR 14 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 9 - 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Edgar Tillett M. D. (Coroner)

2/27, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. Date of Burial 19

20 UNDERTAKER ADDRESS

MAR 14 1929

MAR 14 1929

DO NOT use abbreviations or leave any answer blank unless impossible to obtain information. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 44049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 1001 E 44049

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp ST. 16-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Meyers

(a) RESIDENCE NO. 891 W. Lombard St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	5½ months fetus

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Felix J Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Weland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant father

(Address)

15 Filed MAR 14 1929 G. Hanson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1929

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1929, to March 17, 1929, that I last saw h[illegible] alive on March 17, 1929, and that death occurred, on the date stated above, at 7[illegible] p m.

The CAUSE OF DEATH* was as follows:

Prematurity (5½ months)
Accident of pregnancy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible] on 3/9/29

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Arthur Ralleni, M. D.

3/13, 1929 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER [illegible] ADDRESS MAR 14 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44050

CERTIFICATE OF DEATH

100-8

1—PLACE OF DEATH

REGISTERED NO. 27-53

CITY OF BALTIMORE: (No. 5723 Falls Road ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Mar Buckley

(a) RESIDENCE NO. 5723 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 8 mos. 28 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Darlum Buckley

6 DATE OF BIRTH (month, day, and year) June 15, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John S. Sutherland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER ------ Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mr. Buckley

(Address) 5725 Falls Road

15 MAR 14 1929, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13-1929

17 I HEREBY CERTIFY, That I attended deceased from March 11th, 1929, to March 13th, 1929, that I last saw h.e alive on March 13th, 1929 and that death occurred, on the date stated above, at 2.22 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Wm Conrad Rose, M. D.

, 19 (Address) 900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	3/16 19 29

20 UNDERTAKER H. Century & Mears & Son

ADDRESS 805 W. Saratoga

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44051

CERTIFICATE OF DEATH

40 E 44051

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Govane Ave ST. 27-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannia Lanahan

(a) RESIDENCE NO. 5613 Govane Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Lanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jos. Feistel

(Address) 5613 Govane Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

R 14 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-29

17

I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1929, to Mar. 13, 1929, that I last saw h[illegible] alive on Mar. 13, 1929 and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

(duration) one 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. P. Kerr M. D.

3-14, 1929 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar. 15, 1929

20 UNDERTAKER Rita Maddrell

ADDRESS [illegible]

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 44052

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 Pilgrim Road 27-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William McKinley Hall

(a) RESIDENCE NO. 4710 Pilgrim Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona C. Hall

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City Department of Street Cleaning

9 BIRTHPLACE (city or town) Mt. Airey
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Hall

11 BIRTHPLACE OF FATHER (city or town) Poplar Springs
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Cora May Crouse

13 BIRTHPLACE OF MOTHER (city or town) Mt. Airey
(State or country) Maryland

14 Informant Mrs. Leona C. Hall
(Address) 4710 Pilgrim Road

15 Date received MAR 14 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY That I attended deceased from March 8th, 1929, to March 12th, 1929, that I last saw h... in alive on March 12th, 1929 and that death occurred, on the date stated above, at 5.05 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

3-13, 1929 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Mar. 15 1929

20 UNDERTAKER Rost & Cook — ADDRESS 1003 West Baltimore St

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 44053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44053

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Vol. America Hospital (ST.) 1625 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm E. Acker.

(a) RESIDENCE No. 410 W. Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred More than 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Acker

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Acker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed JAN 14 1929 C. HAMPSON JONES, M. D. Registrar Per A.R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 29

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to March 13, 1929, that I last saw h in alive on Mar. 13, 1929, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted ? If not at place of death?

Did an operation precede death? yes Date of 1-10-29

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) A. J. Conroy, M. D.

, 19 (Address) Vol. America Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 3/15/29

20 UNDERTAKER: Harry F. Witzke — ADDRESS: 53 N. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44054

CERTIFICATE OF DEATH

E 44054

1—PLACE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 102 Jackson Place ST. 6-4 WARD)

2—FULL NAME Mary F. Thomas

(a) RESIDENCE NO. 102 Jackson Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Thomas

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Francis P. Jarvis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Joanna Hudgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Anna E. Marsh
(Address) 102 Jackson Place

15 Filed 1 4 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14/1929

17 I HEREBY CERTIFY, That I attended deceased from 3/4 1929, to 3/14 1929, that I last saw h.er alive on 3/14 1929 and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonea

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Vegetative Endocarditis

(duration) 9 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rejected Chest Examination

(Signed) Charles Correll, M. D.

, 19 (Address) 1740 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Mch. 18 1929
20 UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Broadway

Important: See instructions on back of certificate.

Spec.—2-29-28—1. F. S.—500 Bks.

2230 21
E 44055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139 E 44055

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cora Owens

(a) RESIDENCE NO. 730 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 17

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Asher Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va -

14 Informant: Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3 14 1929, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13-29

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1929 to March 13, 1929.

that I last saw her alive on March 13, 1929

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Immediate cause unknown - pt. had been operated for myomata uteri.

(over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myomata uteri

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? yes Date of Mar 6/29

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Harold Feichelstein, M. D.

Mar 13 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/16/29

20 UNDERTAKER: Wm. Geo. H. Holland & Son

ADDRESS: 1633 Druid Hill Ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 44056 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Maryland St. 12-51 WARD) 76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Hudson

(a) RESIDENCE No. 2640 Maryland St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Louis Hudson

6 DATE OF BIRTH (month, day, and year) Oct 6. 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER Charles Carsel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Matilda unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant John Louis Hudson

(Address) 2640 Maryland Ave

Filed APR 15 1929 C. H. [illegible] JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1928 to March 12 1929,

that I last saw her alive on March 12 1929,

and that death occurred, on the date stated above, at 11-45 p m.

The CAUSE OF DEATH* was as follows:

Dementia Paralytica

(duration) 16 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) Francis Carr Carpenter, M. D.

, 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/15 1929

20 UNDERTAKER Wm. Cook

ADDRESS 1217 N. Carey St

TION is very important. See instructions on back of certificate. CAUSE AND DURATION OF OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44057

CERTIFICATE OF DEATH.

90 E 44057

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette St Calhoun ST. 14-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Elizabeth Schultz

(a) RESIDENCE NO. 1716 W Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Schultz

6 DATE OF BIRTH (month, day, and year) Aug 26, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lena Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Schultz

(Address) 1716 W Pratt St

15 Filed MAR 15 1929

C. E. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1929, to Mar 14, 1929, that I last saw h alive on Mar 13, 1929; and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis with cardiac hypertrophy & dilatation & auricular flutter

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolus

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Elizabeth B Sherman, M. D.

3/14, 1929 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/16 1929

20 UNDERTAKER William Cook

ADDRESS 121 St Paul

Cor.—10-10-29—A Co.—100 Bks.

E 44058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Balto General Hosp Ward 16-68

2-FULL NAME Bertha Lenk

(a) RESIDENCE NO. Pikesville Md St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER August L Lenk

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Marie Sandusky

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Margaret Martin
(Address) 38 Bates St NW. Washington

Filed MAR 15 1929 HAMILTON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? home.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Required

(Signed) H. E. Kenik M. D.

March 14 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 3/15 1929

20 UNDERTAKER William Cook ADDRESS 1215 E Read

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44059

CERTIFICATE OF DEATH

186-103

E 44059

1-PLACE OF DEATH

City of Baltimore: (No.) Md Gen Hosp. St. 24-33 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F Stronaw

(a) RESIDENCE NO. 619 E. Clement St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia

6 DATE OF BIRTH (month, day and year) Feb 28 - 1862

7 AGE	Years	Months	Days 16	IF LESS than 1 day hrs. or min.
	67	-	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Builder
(b) General nature of industry, business, or establishment in which employed (or employer) 616
(c) Name of employer

9 BIRTHPLACE (city or town) Germany.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Virginia Stronaw
(Address) 619 E. Clement

15 Filed ..... 19.. HAMPSON JONES, M. D. Registrar

MAR 15 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, find that said deceased came to his death (autopsy or inquiry) on the day stated above.
The CAUSE OF DEATH* was as follows:

Fractured Skull.

Struck by truck. 2 hours (duration)

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Penna Ave near Calhoun

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hunk Coroner, M. D.

Mar 14th 1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/18 1929

20 UNDERTAKER William Cook

ADDRESS 1211 St Paul St

OR—IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, give its NAME instead of street and number. ALL ANSWERS must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 44060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 44060

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 Bruce St., 17-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn G. Wright

(a) Residence No. 710 Bruce St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 3-1928

7-AGE. 8 yrs. 8 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Wm Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Gertrude Edwards

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Gertrude Wright

(Address) 710 Bruce St

15- MAR 15 1929 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-13-1929

17- I HEREBY CERTIFY, That I attended deceased from March 5 1929 to March 13 1929

that I last saw her alive on March 12 1929

and that death occurred, on the date stated above, at 2.40 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 6 days

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Character the Symptoms

(Signed) A. H. Powers M. D.

March 13 1929 (Address) 712 S. Mar. St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL. 3-15 1929

20-UNDERTAKER, John H. [illegible]

ADDRESS [illegible] Broadway

instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44061

CERTIFICATE OF DEATH.

188 103 E 44061

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Herman Memorial Hospital ST. (or HOSP. WARD)

2-FULL NAME Charles Miller Jr

(a) RESIDENCE NO. 729-E-37 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 20 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas H Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estelle Isenbarn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas H Miller
(Address) 729-E-37 st

15 Filed MAR 15 1923 19... THOMPSON JONES, M. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries & Shock following an auto accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Monnas, M. D.
(Coroner.)

3/14, 1923 (Address) 3672 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Mar 15 1923

20 UNDERTAKER W S Marshall ADDRESS 3539 Fall Road

FROM is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44062

CERTIFICATE OF DEATH

129

E 44062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Charles ST., 6-9 WARD)

2—FULL NAME Alfred N. Bailey

(a) RESIDENCE NO. 411 N. Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bailey

6 DATE OF BIRTH (month, day, and year) June 1864

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 10 Yrs

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth Bailey

(Address) 411 N. Charles St

15 MAR 15 1929 C. HALLISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11-29

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to March 11, 1929

that I last saw h.. alive on March 11, 1929

and that death occurred, on the date stated above, at 6-40 P. m.

The CAUSE OF DEATH* was as follows:

Fibrous Heart disease
& Nephritis

as above

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. K. Jarrett M. D.

3/14, 1929 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/15 1929

20 UNDERTAKER Samuel T. Kemp[illegible]

ADDRESS 578 W Biddle St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44063

CERTIFICATE OF DEATH

38 ✓ E 44063

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Dowell

(a) RESIDENCE NO. 1135 N. Stricker ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sally Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed MAR 15 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929 to March 12, 1929 that I last saw him alive on March 12, 1929 and that death occurred, on the date stated above, at 11:15 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
after insufficiency

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) BALTIMORE CITY HOSPITALS M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/17 19 29

20 UNDERTAKER Samuel P. Lemmon

ADDRESS 578 N. Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 44064 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 44064

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 Druid Hill Ave. (ST.) (WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Fields

(a) RESIDENCE NO. 1725 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Fields

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newport News Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elizabeth Fields (Address) 1725 Druid Hill Ave

15 Filed MAR 15 1929 A. PERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to Mar. 13, 1929, that I last saw him alive on March 13, 1929 and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

(duration) 9 yrs. 4 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Calvin B. LeCompte, M. D.

3/13, 1929 (Address) 814 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3/15, 1929

20 UNDERTAKER Samuel D. Hemsley — ADDRESS 578 N Eddie

Important: See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44065

CERTIFICATE OF DEATH

90 ✓

E 44065
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto Eye, Ear & Throat Hosp St., 11-24 Ward)

2-FULL NAME Wm G. Reese

(a) RESIDENCE NO. 110 W. Biddle St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy Reese

6 DATE OF BIRTH (month, day, and year) Feb 22 - 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	—	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) S. C.
(State or country)

PARENTS

10 NAME OF FATHER John Reese

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

14 Informant Nancy Reese
(Address) 110 W Biddle St

15 Filed MAR 13 1929 H. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 19 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 110 W Biddle

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Reuben Gluck M. D.
19 Mar 12 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 3-15 19 29

20 UNDERTAKER Samuel Rosenthal — ADDRESS 578 N Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44066

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethel Walker

(a) RESIDENCE NO. 649 Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 4/12/98

7 AGE: Years 30 31 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/0

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mildred Ware

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 15 1929 [illegible] M. D.

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13-1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to Mar 13, 1929

that I last saw h[illegible] alive on Mar 13, 1929

and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 13

Was there an autopsy? No.

What test confirmed diagnosis? Operation. Biopsy

(Signed) Henry A. Wollenberg, M. D.

3/14, 1929 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va

DATE OF BURIAL: 3/16 1929

20 UNDERTAKER: Emmert Brenaday

ADDRESS 578 Biddle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44067

CERTIFICATE OF DEATH.

E 44067

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 803 N. Parrish ST. 16-22 WARD)

2-FULL NAME Annie M. Strand.

(a) RESIDENCE NO. 803 N. Parrish ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Strand

6 DATE OF BIRTH (month, day, and year) July 9 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va

PARENTS

10 NAME OF FATHER Peter Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Nellie Strand Barker

(Address) 803 Parrish St

Filed MAR 15 1929. 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1929, to Mar. 13, 1929, that I last saw h[illegible] alive on Mar. 13, 1929, and that death occurred, on the date stated above, at 5.25 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Pigott, M. D.

3/14 1929 (Address) 1536 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar 17 1929
20 UNDERTAKER Wm. Kate R. Williams	ADDRESS 322 N. Schroeder St

THIS IS very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44068

CERTIFICATE OF DEATH.

E 44068

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1514 Bank St. (ST.) 3-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agness Pizina

(a) RESIDENCE NO. 1514 Bank St (ST.) (WARD)

(Usual place of abode) 27

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Un. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Macej

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Un.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Luwika Karciniak (Address) 1514 Bank St

15 Filed MAR 15 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13- 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10 1929 to Mar 3 1929.

that I last saw her alive on Mar. 2 1929

and that death occurred, on the date stated above, at 1-45 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) CONTRIBUTORY (Secondary) Exhaustion yrs. 1 mos 42 ds.

(duration) 18 Where was disease contracted if not at place of death? yrs. mos. 42 ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Wade M. D.

19 (Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Roasry — DATE OF BURIAL Mar. 16 29

20 UNDERTAKER F. W. Ozazewski — ADDRESS 1930 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 44069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

E 44069
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1818 E. Lafayette Ave St. 8-17 (Ward)

2-FULL NAME Sara Pergoff

(a) RESIDENCE NO. 1818 E. Lafayette Ave St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	18			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Joseph Abrahams
(Address) 1818 E. Lafayette Ave

Filed MAR 15 1929, 19
HAMILTON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Epilepsy
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) John H. Crim M. D.
(Coroner)
3/15/29 19 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bath Hebrew Cem Date of Burial 3/15 19 29

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 902

E 44070

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 12-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Herbert H. Rosenbaum

(a) RESIDENCE NO. 5575 Waterman ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State) St Louis Mo

Length of residence in city or town where death occurred ~~5~~ mos. ds. 6 How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Hebert Rosenbaum

6 DATE OF BIRTH (month, day, and year) July 18, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) G.O

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Vernon (State or country) Indiana

PARENTS

10 NAME OF FATHER Michael Rosenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) America

12 MAIDEN NAME OF MOTHER Daisy Meyer

13 BIRTHPLACE OF MOTHER (city or town) St. Louis (State or country) Missouri

14 Informant Hosp Record (Address)

Filed MAR 15 1929 WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 14, 1929, that I last saw h alive on March 14, 1929 and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of lung

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/13/29

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Rosenbaum, M. D.

3/14, 1929 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Louis Mo	3/15 1929
UNDERTAKER Jack Lewis	ADDRESS 1439 E. Balto

Spec.—7-17-26—A Co.—200 Blks.

E 44071

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 44071

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 234 N. Bond St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Cuthberson

(a) RESIDENCE NO. 234 N Bond St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 3 1927.

7 AGE: Years 1 Months 5 Days 10

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Cy Cuthberson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Laura White

13 BIRTHPLACE OF MOTHER (City or town) Cumberland

(State or country) Virginia

14 Informant Cy Cuthberson

(Address) 234 N. Bond St.

MAR 15 1929

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1929

17 I HEREBY CERTIFY, That I attended deceased from March 12 1929 to Mar 13 1929

that I last saw h[illegible] alive on Mar 12 1929

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Julian L Eastman M. D.

. 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

Date of Burial: March 16 1929

20 UNDERTAKER: Edward Bryan

ADDRESS 691 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44072

CERTIFICATE OF DEATH

74-001

E 44072

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Arlington ST. Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Gray

(a) RESIDENCE NO. 224 N Arlington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE — Years: 68 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Anna Gray

(Address) 224 N Arlington Ave.

15 Filed MAR 15 1929 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1929

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to May 12, 1929, that I last saw h alive on May 12, 1929 and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F Harwood, M. D.

May 10 1929 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: March 15 1929

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

Spec. 7-17-26—A Co.—200 Blks.

E 44073

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 44073

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1920 Cathedral St. Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Crowl

(a) RESIDENCE NO. 1920 Cathedral St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Thos J Crowl

6 DATE OF BIRTH (month, day, and year): May 24-1866

7 AGE — Years: 62 Months: 9 Days: 20 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md

PARENTS

10 NAME OF FATHER: Isaac O. B Tuttle

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Forgit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Chas Crowl 1920 Cathedral St

15 Filed MAR 15 1929 H. HAMPSON JONES, M. D. Registrar

by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1929

17 I HEREBY CERTIFY, That I attended deceased from July 14, 19 27 to Mar 14, 19 29

that I last saw h. alive on Mar 14 19 29

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Mitral Regurgitation (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Chas F Chandler M. D.

(Address) 1500 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. Date of Burial: Mch 16 1929

20 UNDERTAKER: Mary V. Allen ADDRESS: 1448 W. North Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 44074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44074

CERTIFICATE OF DEATH

66

1-PLACE OF DEATH

City of Baltimore: (No. 811 George St. 18-16 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Robinson

(a) RESIDENCE NO. 811 George St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Divorced

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of: Gertrude Robinson

6 DATE OF BIRTH (month, day, and year): Aug 15—1894

7 AGE: Years 34 | Months 6 | Days 25 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): L. C.
(State or country)

PARENTS

10 NAME OF FATHER: Andrew Robinson

11 BIRTHPLACE OF FATHER (city or town): L. C.
(State or country)

12 MAIDEN NAME OF MOTHER: Mukeon

13 BIRTHPLACE OF MOTHER (city or town): L. C.
(State or country)

14 Informant: Annie Allen
(Address) 658 Mulberry

Filed MAR 15 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 12 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mar 15 29 Address) Regular Coroner, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Mar 16 29

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44075

CERTIFICATE OF DEATH

124

E 44075

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Dalrymple Ave ST. 15-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard H. Miller

(a) RESIDENCE NO. 4001 Dalrymple Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Miller

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 63 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levis
(Address) 1439 E. Balto St.

15 Filed 15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-15-29

17 I HEREBY CERTIFY, That I attended deceased from Nov., 19 29, to March 19 29

that I last saw h.. alive on March 14, 19 29

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lawrence Litchfield, M. D.

, 19 (Address) 1710 Eutaw Place.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Rest — DATE OF BURIAL: 3/15 19 29

20 UNDERTAKER: Jack Levis — ADDRESS: 1439 E. Balto St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. Herman Peterson

E 44076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44076

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Peterson

(a) RESIDENCE NO. 209 S. Duncan st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Peterson

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 0 4 5

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

MAR 15 1929

File No. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 29, to March 12, 29,

that I last saw him alive on March 12, 29

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry Smith, M. D.

3-13, 1929 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	March 29
UNDERTAKER Wendell J. Hoppel	ADDRESS 300 N. Eden

WILSON JONES, M. D. Registrar

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44077

CERTIFICATE OF DEATH

74-001

E 44077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1512 N. Madeira St. 8-16 Ward)

2-FULL NAME Mary A. P. ~~Brady~~ Gray

(a) RESIDENCE NO. 1512 N. Madeira St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Gray

6 DATE OF BIRTH (month, day, and year) July 18 1884

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	44	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos F. Brady

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary E. Eckles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Mrs Mary Shultz
(Address) Towson Md

15 Filed APR 15 1929, C. HAMPSON JONES, Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? opinion of Dr Keen

(Signed) J. J. Ball M. D.

3/15, 1929 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Md. DATE OF BURIAL March 16 1929

20 UNDERTAKER John Burns Sons ADDRESS Towson Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44078

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. 33rd ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel E Leishure

(a) RESIDENCE NO. 814 N. 33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Z. Leishure

6 DATE OF BIRTH (month, day, and year) April 18/1857.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71.	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Joseph Leishure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Annie Z. Leishure

(Address) 814 N. 33rd St

Filed MAR 15 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13/29.

17 I HEREBY CERTIFY, That I attended deceased from 3/13/29 to 3/13/29

that I last saw h alive on 3/13/29

and that death occurred, on the date stated above, at 1045 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Insufficiency

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. F. Corbett M. D.

3/14/29 (Address) 3701 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ivy Hill Laurel Md. DATE OF BURIAL 3/16 1929

20 UNDERTAKER J. Walter Davis ADDRESS 3307 Pine St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44079

E 44079

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2608 Hampden ave ST. 17-51 (WARD)

2-FULL NAME Margaret E. James

(a) RESIDENCE NO. 2608 Hampden ave ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 16 1929

7 AGE: Years — Months — Days 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Edwin H. James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Margaret A Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Edwin A. James
(Address) 2608 Hampden ave

15 Filed MAR 15 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1929, to Mar 15, 1929, that I last saw h[illegible] alive on Mar 14, 1929, and that death occurred, on the date stated above, at 515 A.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Roscoe F. Knox, M. D.

15 MAR 1929 (Address) 2438 Maryland ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 3/16 1929

20 UNDERTAKER J M Davis — ADDRESS 3307 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44080

CERTIFICATE OF DEATH

128 E 44080

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. So. Balto Gen Hosp. ST. (or AVE.) 1628 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Croney

(a) RESIDENCE NO. 1528 S. Highland Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 4-1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Percy Croney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lilly May Cummins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Emma V. Long

(Address) 1528 S. Highland Ave

15 Filed [illegible] 19 [illegible] H. HAMPSON JONES, M. D. Registrar

R 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/29

17 I HEREBY CERTIFY, That I attended deceased from 2/12/29, 19 29, to 3/11, 19 29 that I last saw h[illegible] alive on 3/11, 19 29 and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Un Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. A. Fordwarden, M. D.

3/11, 19 29 (Address) 1528 S Highland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetary.

DATE OF BURIAL March 15 1929

20 UNDERTAKER George W. Zinkan

ADDRESS 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

E 44081 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44081

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. N-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Frank Mc Dermott

(a) RESIDENCE NO. 3801 Belair Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wife

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) Oct 15-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~63~~	56	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Construction Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C+P Tel Co 056

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank a. McDermott, Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Mrs Elizabeth Mc Dermott

(Address) 3801 Belair Rd

15 Filed MAR 5 1929 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12 1929

17

I HEREBY CERTIFY, That I attended deceased from 3-11, 1929, to 3-12, 1929,

that I last saw h[illegible] alive on 3-12, 1929

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mucous Membrane of lower gum, Metastasis to left lower Jaw + glands of neck

(duration) yrs. 9 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 3-12-29

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam + X ray

(Signed) R. M. Erlacher, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery

DATE OF BURIAL Mch 6 1929

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44082

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO. 90

CITY OF BALTIMORE: (No. [illegible] ST., [illegible] WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antone Voos (or Vaas)

(a) RESIDENCE NO. Philadelphia Rd. & 11th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Voos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed MAR 15 1929 Registrar THAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from November 20, 28 to March 14, 29, that I last saw him alive on March 14, 29 and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute
Myocardial Insuff-
iciency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	March 16 1929

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford av

Spec.—2-29-28—L. F. S.—500 Blks.

E 44083 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH

E 44083

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 520 E. 20th St. WARD) 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Meyer

(a) RESIDENCE NO. 520 E. 20th St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced,~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 20/1858.

7 AGE: Years 70 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: John Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Waldstroth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William Waldstroth

(Address) 520 E. 20th St.

15 Filed MAR 15 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13th 1929

17 I HEREBY CERTIFY, That I attended deceased from March 13 1929 to March 13 1929

that I last saw her alive on March 13th 1929

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Old age

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald F. Tovey, M. D.

. 19 (Address) 414 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy

DATE OF BURIAL: March 16 1929

20 UNDERTAKER: Geo. L. Ruth

ADDRESS: 1735 Harford Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44084 185 E 44084

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 716 S. Milton Ave. Ward) 1-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Hayes

(a) RESIDENCE NO. 716 S. Milton Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hayes

6 DATE OF BIRTH (month, day, and year) June 3-1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Night-Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Canton Co. 162

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER John Hayes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Catherine Hayes
(Address) 716 S. Milton Ave

15 Filed 19 Registrar

R 151929 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phlebitis - right leg.
Fell at work - striking head & leg.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Canton Co. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D.

3/15. 1929. (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 3/18 1929

20 UNDERTAKER Philip Herring — ADDRESS 506 Belair

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44085

E 44085

1-13 90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. McElderry & Madeira Sts St., 1-13 Ward)

2-FULL NAME John H. Sadler

(a) RESIDENCE NO. 534 N. Chapel St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Sadler

6 DATE OF BIRTH (month, day, and year) June 24/1860

7 AGE	Years	Months	Days 19.	IF LESS than 1 day ..... hrs. or ..... min.
	68	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Street
(b) General nature of industry, business, or establishment in which employed (or employer) Paver 68
(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) .....
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Anna Sadler (wife)
(Address) 534 N. Chapel

15 Filed APR 15 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chr. Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Sadler, M. D.

3/14/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill Cemetery	Mar 16 1929
20 UNDERTAKER John Merritt	ADDRESS 200 Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 44086 200 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 44086

CERTIFICATE OF DEATH

1-PLACE OF DEATH mt. St. Agnes College Mt Washington 54

REGISTERED NO.

City of BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Cecilia Sinclair

(a) RESIDENCE NO. mt. St. Agnes College Mt Washington Md St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. ~ mos. ~ da. How long in U. S. if of foreign birth? 58 yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 11, 1846

7 AGE: Years 82 Months 4 Days 4

IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer): 865

(c) Name of employer

9 BIRTHPLACE (city or town): Prussia

(State or country)

PARENTS

10 NAME OF FATHER: Francis Sinclair

11 BIRTHPLACE OF FATHER (City or town) (State or country): Prussia

12 MAIDEN NAME OF MOTHER: Victoria Hirsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bavaria

14 Informant: Rev. mother carmelita.

(Address) mt Washington Md

I certify that I attended deceased from Feb 15, 1929 to March 15, 1929

C. HAMPSON JONES, M. D.

Registrar

MAR 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to March 15, 1929,

that I last saw her alive on March 15, 1929,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. ? da.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. ____ mos. 1 da.

18 Where was disease contracted: —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray - Stomach Analysis

(Signed) H Raymond Peters, M. D.

. 19 (Address) 1908 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Convent Cem Mt Washington

Date of Burial: March 18 1929

20 UNDERTAKER: Henry Weikersheim & Co

ADDRESS: Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

REGISTERED NO. E 44087

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp. (St.) 4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Upton S. Muir

(a) RESIDENCE NO. 2035 East Lombard ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24/ yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6 DATE OF BIRTH (month, day, and year): July 7-1884

7 AGE: Years 44 45 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 615

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Muir

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ella Draper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs J Fugas

(Address) 2813 E. Chase

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

R 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/15/29

17 I HEREBY CERTIFY, That I attended deceased from 3/11, 1929, to 3/15, 1929, that I last saw him alive on 3/15, 1929, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) U. S. Upton, M. D.

3/15, 1929 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 3/18 1929

20 UNDERTAKER: William Cook — ADDRESS: 121 St Paul

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44088

CERTIFICATE OF DEATH.

E 44088

57

28-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3616 (St.) Milford Ave (Ward)

2-FULL NAME Joseph Smith

(a) RESIDENCE No. 3616 (St.) Milford Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Wid & over

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Did not work for years.

(c) Name of employer B & O.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jos. B. Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Brooke Graham

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Maurice E. Smith
(Address) 640 N Carey

15 Filed MAR 15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to March 9, 1929, that I last saw h alive on Feb 14, 1929, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Diabetis.
Hypertension. Senility.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis for 28 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Francis E. Neal M. D.

, 19 (Address) 914 St Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Mar 16 1929

UNDERTAKER George J. Smith

ADDRESS 153 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44089

CERTIFICATE OF DEATH.

E 44089

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Walbrook Ave ST., 15-67 WARD)

2-FULL NAME Mary E Hart

(a) RESIDENCE NO. 3025 Walbrook ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Hart

6 DATE OF BIRTH (month, day, and year) Aug 29 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	80	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Roland Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Beazley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bessie B Hart
(Address) 3025 Walbrook Ave

15 Filed ... HAMILTON JONES, M. D. Registrar

MAR 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14- 1929

17

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1929, to March 14 1929, that I last saw h... alive on March 13 1929, and that death occurred, on the date stated above, at 5 AM m.

The CAUSE OF DEATH* was as follows:

Carcinoma Urinary Bladder
Uremia
Ch. Nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr J W Glenn M. D.

M T 19 29 (Address) 1000 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: May 18 1929

UNDERTAKER: Charles H Kechner — ADDRESS: 153 Hollins

INSTRUCTION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.–7-17-26—A Co.—200 Bks.

E 44090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74001

E 44090

REGISTERED NO.

1-PLACE OF DEATH Aged Mens Home

City of BALTIMORE: (No. 1400 W Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Schillinger

(a) RESIDENCE NO. 1400 W Lexington St.: Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 23, 1839

7 AGE 89 Years 11 Months 24 Days IF LESS than 1 day hrs. or min.

90

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER George Schillinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Francis Koop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Festal

(Address) 1400 W Lexington St

MAR 15 1929 HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to March 15, 1929 that I last saw him alive on March 12, 1929 and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B Jarrett M. D.

, 19 (Address) 1115 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

Date of Burial Mar 16 1929

20 UNDERTAKER George J Smith

ADDRESS 1572 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44091

CERTIFICATE OF DEATH

90 E 44091

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary Brown.

(a) RESIDENCE NO. 924 Kensington ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Brown

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Nevins Kempton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Missouri

12 MAIDEN NAME OF MOTHER Alice Dix

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records
(Address)

15 Filed APR 5 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1929, to March 14, 1929, that I last saw her alive on March 14, 1929 and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic muscular heart disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia purulent (terminal)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? yes Date of March 6, 1929
Cholecystectomy

Was there an autopsy? no

What test confirmed diagnosis? Clinical course.

(Signed) Francis W. Gluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Mar 16 1929
20 UNDERTAKER	ADDRESS
Geo. J. Smith	153 L Hollins

Spec.—1-1223—M&T—500 Bks.

E 44092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 44092

REGISTERED NO.

1-PLACE OF DEATH Linn

CITY OF BALTIMORE: (No. Hospi ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Staniewicz

(a) RESIDENCE No. 1516 Bonth ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Staniewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bertha Kabaj

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Peter Staniewicz

(Address) 1516 Bonth ST

15 Filed APR 15 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14 1929

17

I HEREBY CERTIFY, That I attended deceased from 3.13.1929. to 3.14.1929.

that I last saw him alive on 3.14.1929.

and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

1 Diffuse Bronchopneumonia

2 Pericarditis

3 Empyema Streptococcal

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frederick D Roth, M. D.

(Address) Linn Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Encorch	16 1929
UNDERTAKER	ADDRESS
John M Welbert	1012 Chester

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44093

101-001

E 44093

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828 Pennsylvania Ave (Hospital) (Ward) 70-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecilia M. Reese

(a) RESIDENCE NO. 1808 Pennsylvania Ave

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Reese

6 DATE OF BIRTH (month, day, and year) March 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville Md.

PARENTS

10 NAME OF FATHER John A Mark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Catonsville Md.

14 Informant Jesse Reese

(Address) 1828 Pennsylvania Ave

15 Filed 3/15 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-29

17 I HEREBY CERTIFY, That I attended deceased from 3-10-, 19 29, to 3-13, 19 29

that I last saw h alive on 3-12, 19 29

and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Irritation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

3/14, 19 29 (Signed) Peay D W Chem, M. D.

(Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/16 1929

UNDERTAKER George A Fahey — ADDRESS 1 Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 13740 E 44094 — 74-001 E 44094

1—PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ____ ST., 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anne Stuve

(a) RESIDENCE NO. 35- Lasalle ST., Ave WARD Chicago Ill
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced
(H)USBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wis -

PARENTS

10 NAME OF FATHER Chas - Lipke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Pregas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records -
(Address)

15 Filed 1929 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15-29

17 I HEREBY CERTIFY, That I attended deceased from May 3 1928 to March 15- 1929.

that I last saw he alive on March 15- 1929

and that death occurred, on the date stated above, at 2 24 P m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) agitated depression

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Oskar Diethelm, M. D.

3-15-1929 (Address) J-H - Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ill	March 15 1929

20 UNDERTAKER Geo O Mitchell & Son ADDRESS 1911 Eastland Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44095 ✓ 31 E 44095

CERTIFICATE OF DEATH

1—PLACE OF DEATH Provident Hospital REGISTERED NO. 15-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 514 Division ST., WARD

2—FULL NAME Bernard Smith

(a) RESIDENCE NO. 1318 Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20 (?)	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Odd Jobs)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant [illegible]
(Address)

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

151929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17 I HEREBY CERTIFY That I attended deceased from March 9, 1929, to March 15 1929, that I last saw h / M alive on March 15, 1929 and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 3 weeks
(duration) yrs. mos. ds.

— CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum & X-Ray

(Signed) [illegible] M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Munkirk Md	17 1929

20 UNDERTAKER Lloyd Kaser ADDRESS Laurel Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44096

CERTIFICATE OF DEATH

X 91-00 E 44096

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 WARD)

2—FULL NAME Albert C. Henricks

(a) RESIDENCE NO. Easton, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude W. Henrichs

6 DATE OF BIRTH (month, day, and year) Jan 17, 1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	1.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(r) Name of employer Filbin, Langdon Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christopher Henrichs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret E. Bauld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Gertrude W. Henrichs
(Address) 718 Ashburton St.

15 Filed 1 5 1929, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-29

17 I HEREBY CERTIFY, That I attended deceased from 2/8, 1929, to 3/13, 1929, that I last saw him alive on 3/13, 1929 and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy.
Pyelo-Nephrosis, Generalized
Arteio-Sclerosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Joseph G. Laukaitis, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation-London Park	Mar 16 1929

20 UNDERTAKER J. W. Pumphrey & Son ADDRESS 801 W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44097

CERTIFICATE OF DEATH

90 E 44097

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Beaumont Ave. ST., 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Armour

(a) RESIDENCE NO. 809 Beaumont Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	88	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Armour

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Scoby

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Alfred A. Price
(Address) 809 Beaumont Avenue

15 Filed 1929 C. HAMPSON JONES, M. D.
Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to March 14, 1929.

that I last saw her alive on March 13, 1929

and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Gen. Arterio-Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Austin T. Robinson, M. D.

3-14 1929 (Address) 836 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar. 16, 1929
20 UNDERTAKER Wm. H. Cook	ADDRESS 1005 West Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44098

CERTIFICATE OF DEATH.

E 44098

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Lyman Asylum St. 20-27 Ward)

2-FULL NAME Wilhelmina Lemmon

(a) RESIDENCE NO. Lyman Asylum St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 10" 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	77	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER: William Hagemann

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Catharine Zahn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Lyman Home Records

(Address) Lyman Home

15 Filed ..... 19..... CHAMPSON JONES, M. D., Registrar

Per .....

5 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14" 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3 19 29, to March 14 19 29,

that I last saw h.. alive on March 14 19 29,

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

acute Bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Contributory Senility

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

if not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Norris, M. D.

March 19 29 (Address) 1103 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial Mch 16 1929

20 UNDERTAKER: Joseph L Cook ADDRESS 603 N Gay St

Be sure to write plainly in ink, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44099 118-001 E 44099

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 16-27

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Williams

(a) RESIDENCE NO. 3404 Mt. Pleasant Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie B. Williams

6 DATE OF BIRTH (month, day, and year) May 18-1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tank Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Sarah Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Sarah Williams

(Address) 247 S. Highland Ave.

15 1929 C. HAMPSON JONES, M. D.
Filed (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-29

17 I HEREBY CERTIFY, That I attended deceased from 3-8-29, 19, to 3-14-29, 19, that I last saw him alive on 3-14-29, 19, and that death occurred, on the date stated above, at 7.45 P. m.

THE CAUSE OF DEATH* was as follows:

Left inguinal Hernia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-12-29

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N.W. Carmel Cemetery	3/17 1929
20 UNDERTAKER	ADDRESS
Chas. R. Evans & Son	118 Mount Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44100

CERTIFICATE OF DEATH

E 44100

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS 3-16-29 REGISTERED NO. 57

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Halfpenny

(a) RESIDENCE NO. Infirmary, Balto. City Hosp. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Jan 18 1854 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of

(Address)

15 [illegible] 19 C. HAMPSON JONES, M. D.

R 15 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 10, 19 29, to March 14, 19 29, that I last saw her alive on March 14, 19 29 and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene, R foot

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Sm. Stark, M. D.

19 BALTIMORE CITY HOSPITALS (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 3/16 19 29

20 UNDERTAKER W. J. Cook

ADDRESS 1217 E. Fayette St

Spec.—2-29-28—L. F. S.—500 Bks.

(Tranberg)

E 44101

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E 44101

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Tranberg

(a) RESIDENCE NO. 8334 Stallman WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Tranberg

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): (Norway) Sweden

PARENTS

10 NAME OF FATHER: — Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: — Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Filed 1 5 1929, 19 — G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/29

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 19 29 to 3/14, 19 29 that I last saw him alive on 3/14, 19 29 and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

Purulent Otitis
Sepsis & Pneumonia
Streptococcus

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) H. Whitridge Williams, M. D.

, 19 (Address) Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: 3/18 19 29

19 UNDERTAKER: W. M. Cook

ADDRESS: 1217 St. Paul St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44102

CERTIFICATE OF DEATH

STATE FILE NO. 6/1002

REGISTERED NO. E 44102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1810 (St.) Bruce (Ward) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rose Fitzgerald

(a) RESIDENCE No. 1810 (St.) Bruce (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 14 29

7 AGE — Years | Months | Days | If LESS than 1 day, 4 hrs or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Red H. Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Durham North Carolina

12 MAIDEN NAME OF MOTHER: Josephine Lunsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Red H. Fitzgerald 1810 Bruce St.

15 Filed ... 19 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1929, to Mar 15, 1929, that I last saw h[illegible] alive on Mar 15, 1929 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis (Forceps)

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Paul Brown M. D.

3/15, 1929 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 3/16 1929

20 UNDERTAKER: J. W. Cook

ADDRESS: 1217 E. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 44103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44103

CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 51 S. Fulton Av ST. 19-28 WARD)

2-FULL NAME Stephen R. Brown

(a) RESIDENCE NO. 51 S. Fulton Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma E. Brown

6 DATE OF BIRTH (month, day, and year): 22nd Aug 1857

7 AGE: Years 71 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Annapolis, Md

PARENTS

10 NAME OF FATHER: Wm Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Mary Rawlings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant: Emma E. Brown

(Address) 51 S. Fulton Av

15 Filed . 19 Registrar C. HAMPSON JONES, M. D.

R 15 1929 Par 444

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-13 1929

17

I HEREBY CERTIFY, That I attended deceased from

any 1 . 1928 . to March 13 . 1929.

that I last saw h alive on March 13 . 1929.

and that death occurred, on the date stated above, at 10 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym & Jaundice

(Signed) Wm Clarke, M. D.

3/14, 1929 (Address) 54 S Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Mar 16 1929

20 UNDERTAKER: H. B. Wisner

ADDRESS: 850 N. Eutaw

TION is very imprtant. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44104

CERTIFICATE OF DEATH

129 E 44104

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Dennison ST. 20-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard F. Coop

(a) RESIDENCE NO. 523 D Ennison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A. Coop.

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1863

7 AGE	65 Years	Months 6	Days 27 2	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Kettler Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Henry Coop.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilde Hammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine A. Coop

(Address) 523 Dennison St

15 Filed 1 5 1929 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-29

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 19 28 to March 15, 19 29.

that I last saw h-- alive on March 14, 19 29

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Arterio S clerosis, Myocarditis

Ch Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O McQuown, M. D.

3/16, 19 29 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fern Cathedral	Mar 18 19 29

20 UNDERTAKER J. D. Wishart ADDRESS 1853 W Balto St

Spec.—2-29-28—L. F. S.—500 Blks.

E 44105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44105

CERTIFICATE OF DEATH 45

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 4303 Furley Avenue ST. 26-4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME LOUISA L. LINDEMAN

(a) RESIDENCE NO. 4303 Furley Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lindeman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 75 years				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Mrs. Edna Abrisch
(Address) 4303 Furley Avenue

15 Filed 1 6 1929, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13th, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929 to March 13, 1929 that I last saw her alive on March 7, 1929 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Probably Carcinoma of Colon.
Chronic Interstitial Nephritis.
(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert S Webster M. D.
3/15, 1929 (Address) 6409 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	March 16 1929
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Bolton

Spec.—2-29-28—L. F. S.—500 Bks.

E 44106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 V E 44106

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS Hospital ST. 12-70 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Williams

(a) RESIDENCE NO. 1727 Maryland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced. (write the word) single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7-1925

7 AGE 3 Years 4 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Will

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Darletta Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3 16 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1929

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 13, 1929, that I last saw h alive on March 13, 1929 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

the meningitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? lumbar puncture

(Signed) [illegible] M. D.

3/14, 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-16 1929

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 44107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-81 E 44107

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Washington ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Hall

(a) RESIDENCE NO. 113 S. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	-	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER John Hall

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Schuman

13 BIRTHPLACE OF MOTHER (city or town) Ger.
(State or country)

14 Informant Mr. Charles Hall
(Address) 113 S. Wash't st.

15 Filed MAR 16 1929 C. HAMPSON JONES, M.D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929 to March 14 1929
that I last saw h alive on March 14 1929
and that death occurred, on the date stated above, at 4 P.M. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Hy Smith M. D.
March 16 1929 (Address) 801 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 18 1929

20 UNDERTAKER J. J. Derr — ADDRESS 156 N. Eutaw and

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44108

CERTIFICATE OF DEATH

100-E 44108

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J. Henning

(a) RESIDENCE NO. 1634 Darley Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	2 14	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child-Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER Henry J. Henning

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Veronica Rudolf

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Mr. Henry J. Henning

(Address) 1634 Darley Ave

15 Filed 1.6 1929 C. HAMPSON JONES, Registrar

By Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/29 19

17 I HEREBY CERTIFY, That I attended deceased from 3/12/29 19 to 3/15/29 19

that I last saw him alive on 3/15/29 19

and that death occurred, on the data stated above, at 5 50 m.

The CAUSE OF DEATH* was as follows:

Otitis Media

(duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 0 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. S. Winstead M. D.

3/15 19 29 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	March 16 1929

20 UNDERTAKER	ADDRESS
Henry Hoed (Sons, Inc.	1301 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44109

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore & Edgewood St. (WARD) 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry G. Heckman

(a) RESIDENCE NO. 1853 N. Collington Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Heckman

DATE OF BIRTH (month, day, and year): May 5-1846

7 AGE — Years: 72 — Months: 10 — Days: 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: O'H O

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frederick Heckman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs. Mary Heckman

(Address) 1853 N. Collington Ave

15 161929 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/15/29

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 19 29 to 3/15, 19 29 that I last saw ~~him~~ alive on 3/15, 19 29 and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Myocardial Failure

(duration) 1 week yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) P. M. Heck M.D.

3/15, 19 29 (Address) Balto & Edgewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: March 18, 1929

20 UNDERTAKER: Henry Storck Sons Inc. — ADDRESS: 301 E. Eager St

Cor.—10-10-29—A Co.—100 Bks.

E 44110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 44110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 10-14 Ward)

2-FULL NAME Regina C. Fullenkamp

(a) RESIDENCE NO. 1202 N. Central Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Fullenkamp

6 DATE OF BIRTH (month, day, and year) Sept 1/1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Debes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Wagner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Husband
(Address) 1202 N. Central Ave

15 Filed ....., 19.. C. HARRISON JONES, Registrar
Per

1 6 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/15/29 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL March 18 1929

20 UNDERTAKER Henry Hoelck Sons, Inc. — ADDRESS 1301 E. Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44111 ✓ E 44111

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Balt City Hospital St. [illegible] Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Myers

(a) RESIDENCE NO. 403 ½ Fremont Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Myers

6 DATE OF BIRTH (month, day, and year) unknown ~~1884~~

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
39		~~37~~		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Fremont

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia ?

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mary Arnett

(Address) 403 ½ Fremont Ave

15 Filed ..... 19 .....

Registrar

APR 16 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Hemiplegia~~ Hemiplegia

(duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) unknown yrs. mos. ds.

(Signed) James M Barlow M. D.

(Coroner)

3/15 1929 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

403 ½ Fremont ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetary — Date of Burial: Mar 19, 1929

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 N. Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44112

CERTIFICATE OF DEATH

57

E 44112

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Connolly

(a) RESIDENCE NO. 515 E. 22nd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Connolly

6 DATE OF BIRTH (month, day, and year) Jan 18 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Chas. V. Wiehle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto -

12 MAIDEN NAME OF MOTHER Winfield Roan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto -

14 Informant Hospital Records -
(Address)

15 1 61929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 6 1929 to Mar 14 1929

that I last saw h alive on Mar 14 1929

and that death occurred, on the date stated above, at 2:23 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis acute

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

3/14/29 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Mar 18 1929
UNDERTAKER	ADDRESS
Margaret E. Flynn	1477 Eutaw St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 | E 44113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No.) 935 Leadenhall ST., (WARD) 23 3 1

2—FULL NAME Joseph L. Brown

(a) RESIDENCE NO. 935 Leadenhall ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Brown

6 DATE OF BIRTH (month, day, and year): July 4th 1896

7 AGE: Years 32 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Southern Life Ins Co,

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Isaiah L. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Morris Brown

(Address) 230 W. Montgomery

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

6 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/29

17 I HEREBY CERTIFY, That I attended deceased from 3/1/29, 19..., to 3/13/29, 19...

that I last saw him alive on 3/12/29, 19...

and that death occurred, on the date stated above, at 2.10 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

Ulcer Duodenum (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chr. Lenement (Bronchitis

(Pulmonary Tbc) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Sam Bowley, M. D.

3/15/29 19... (Address) 908 S Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cem. | DATE OF BURIAL: 3/17/29

20 UNDERTAKER: Morton Chase | ADDRESS: 400 Mosher St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 44114 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 44114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 Woodbourne Ave St., 07-48 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edward Snyder

(a) Residence No. 500 Woodbourne Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Nov.

6-DATE OF BIRTH (month, day and year): Nov. 28, 1928

7-AGE: 4 mos. 16 ds. If LESS than 1 day ....hrs. or 16 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: W. E. Snyder

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Co, Md

12-MAIDEN NAME OF MOTHER: A. M. Ridgely

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Howard Co, Md.

14-(Informant) Mrs. W. E. Snyder

(Address) 500 Woodbourne Ave, City

15-Filed 1 6 1929 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 16, 1929

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1929, to March 16, 1929

that I last saw him alive on March 15 1929

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. W. Bishop M. D.

March 16, 1929 (Address) 301 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: Mar 18 1929

20-UNDERTAKER: Wm. C. Brooks & Son — ADDRESS: Sparks, Md.

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44115

CERTIFICATE OF DEATH

124E 44115

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 329 W Lafayette Ave ST., (WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M Coleman

(a) RESIDENCE NO. 329 W Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel H Coleman

6 DATE OF BIRTH (month, day, and year): Nov 27, 1855

7 AGE — Years: 73 — Months: 10 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Clarinda Ray Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Robt McInnis

(Address) 329 W Lafayette Ave

15 Filed 6 1929 C H HARRISON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from March 17, 19 29, to March 15th, 19 29, that I last saw h alive on March 14th, 19 29 and that death occurred, on the date stated above, at 9 10 A.M.

The CAUSE OF DEATH* was as follows:

Catarrhal Lobar Pneumonia

(duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M A Lines, M. D.

March 15, 19 29 (Address) 329 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3 18 19 29

20 UNDERTAKER: Jos Cole — ADDRESS: 214 N Paca St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44116

CERTIFICATE OF DEATH

49 E 44116

REGISTERED NO.

1—PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Eden Sts.) (WARD 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John K Clark

(a) RESIDENCE NO. 3935 Frisby St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Cora A Clark

6 DATE OF BIRTH (month, day, and year) Dec 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in whirh employed (or employer) O H O

(c) Name of employer Rices Bakery

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Wade

(Address) 3925 Frisby St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-29

17

I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19..., to 3-15-29 19...,

that I last saw him alive on 3-15-29, 19...,

and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Foramen

(duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3-14-29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J B Hendrix, M. D.

19 (Address) Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/18 19 29

20 UNDERTAKER Elmwood — ADDRESS 1717 N Howard

Spec.—1-12-23—M&T—500 Bks.

E 44117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44117

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130 W. Saratoga ST. 1926 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Easter Joiner

(a) RESIDENCE NO. 130 W. Saratoga ST. 19 WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Steven Joiner

6 DATE OF BIRTH (month, day, and year) 1820

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	109			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) House wife 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clay Co; Va

PARENTS

10 NAME OF FATHER Paul Terry.

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant May James
(Address) 130 W. Saratoga

15 Filed ... Per ... Registrar

~~C. HAMPSON JONES, M. D.~~

151929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/1929

17 I HEREBY CERTIFY, That I attended deceased from 3/8/, 1929, to 3/13, 1929,
that I last saw h[illegible] alive on 3/13, 1929,
and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis; acute
Dilatation.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chr interstitial Nephritis
Uric (duration) yrs unknown mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical History

(Signed) [illegible], M. D.

, 19 (Address) 709 Stuart St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary cem

DATE OF BURIAL March 16 1929

UNDERTAKER R. L. Parham

ADDRESS 929 Rendon Ave

Spec.—1-12-23—M&T—500 Blks.

E 44118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44118

REGISTERED NO. 7-55 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 7113 Park Heights Ave ST. WARD

2-FULL NAME Connor & Hoffman

(a) RESIDENCE NO. 7113 Park Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie L Hoffman

6 DATE OF BIRTH (month, day, and year): Aug 24 - 1858

7 AGE: Years 70 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Ephraim Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Robt L Stella 7113 Park Heights Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from For nine years to March 14 1929, that I last saw him alive on March 14 1929, and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. E. Nichols, M. D.

March 15 1929 (Address) Pikesville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Ridge Cem	March 18 1929

20 UNDERTAKER: Chas O Mitchell & Sons ADDRESS 1905 Eastern Place

Filed 19 C. HAMPSON JONES, M.D. Registrar

Per

R 16 1929

FROM BOARD; IMPORTANT—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 44119

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1904 Edmonson ST., 16 27 WARD)

2—FULL NAME Charlotte. C. Osborn

(a) RESIDENCE NO. 1904 Edmonson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William Osborn

6 DATE OF BIRTH (month, day, and year): March 7 1848

7 AGE: Years 81 — Months — Days 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll County md

PARENTS

10 NAME OF FATHER: John Krantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co md

12 MAIDEN NAME OF MOTHER: Lydia Servilla Eisenhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co md

11 Informant: Miss Irene Osborn

(Address) 1904 Edmonson Ave

15 Filed . 19 Registrar

C. HAMPSON JONES, M.D.

2 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Mch 9, 1929, to Mch 15, 1929, that I last saw h[illegible] alive on Mch 15, 1929, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Lobar Pn

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

19 (Address) 2027 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mar 18 1929

20 UNDERTAKER: Jos Soerdens Son — ADDRESS: 217 S. Pan

Spec.—12-9-25—A Co.—200 Bks.

E 44120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44120

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 N. Fulton Ave 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Sarah Davis

(a) RESIDENCE NO. 900 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George Edward Davis

6 DATE OF BIRTH (month, day, and year) 2-23-1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Accomac Co.

(State or country) Virginia

PARENTS

10 NAME OF FATHER Levin W. Nock.

11 BIRTHPLACE OF FATHER (city or town) Accomac Co.

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah C. Flood.

13 BIRTHPLACE OF MOTHER (city or town) Accomac Co.

(State or country) Virginia

14

Informant Henry F. Davis

(Address) 900 N Fulton ave

Filed 19

Per Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1929

17

I HEREBY CERTIFY, That I attended deceased from August 15 1927, to March 15 1929, that I last saw h.... alive on March 15 1929, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) organic heart disease

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? physical signs

(Signed) Chester Poland, M. D.

3-15-1929 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keller-Accomac Co. Va Date of Burial Mch 17 1929

20 UNDERTAKER Chas. E. Franck ADDRESS 501 Madison Ave

very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

Mame Lucas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44121

CERTIFICATE OF DEATH

14-0

E 44121

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St. 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lucas

(a) RESIDENCE NO. 1010 Argyle Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Lucas

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Asbury Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Harriett Gross

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Charles Lucas
(Address) 1010 Argyle Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar
By ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Cain, M. D.

3/10/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3/16 19 29
20 UNDERTAKER Samuel T. Beasley	ADDRESS 578 N. Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 44122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44122

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Southern Hospital WARD 27-43

2-FULL NAME Margarette B. Ferrel

(a) RESIDENCE. No. Roosburg Rd. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1857	Jan	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife.

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Castle
(State or country) Craig Co. Va.

PARENTS

10 NAME OF FATHER John Stakes.

11 BIRTHPLACE OF FATHER (city or town) New Castle
(State or country) Craig Co Va.

12 MAIDEN NAME OF MOTHER Robison.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Craig C Ferrel
(Address) N. W. Cor Chesapeake ave Towson Md

15 Filed . 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 15 1925 to Mar 16 1929

that I last saw h[illegible] alive on Mar 15 1929

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary) Uterine Adenoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) Frederick J Kreuzer M. D.

Mar. 19 29 (Address) 301 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sunking Creek Va

DATE OF BURIAL Mar. 17 1929

20 UNDERTAKER John Burns Sons

ADDRESS Towson

TION is very important. See instructions on back of certificates.

MAR 16 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 44123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 44123

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Dolphin St. ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. Washington

(a) RESIDENCE NO. 703 Dolphin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

PARENTS

10 NAME OF FATHER Isaas Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs Myrtle Griffin

(Address) 703 Dolphin St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Marc 15th. 1929

17 I HEREBY CERTIFY, That I attended deceased from March 13th. 19 29 to March 15th 19 29 that I last saw h er alive on March 15th. 1929 and that death occurred, on the date stated above, at 1047 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Decomprnsation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Ins.

(duration) 1 ? ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Northumberland Co Va	May 17, 1929
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams	Schroeder Sp

HARRISON JONES M.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44124 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 E 44124

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 811 Mc Donough ST., 7-13 WARD)

2—FULL NAME Mealer Carver

(a) RESIDENCE NO. 811 Mc Donough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gus Carver

6 DATE OF BIRTH (month, day, and year) Sept - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 010

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

PARENTS

10 NAME OF FATHER Allen Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fayetteville N. C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Gus Carver (Address) 811 Mc Donough

15 Filed ..... 19 ..... Registrar

1 6 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14. 29

17 I HEREBY CERTIFY, That I attended deceased from Mar. 11 . 1929 . to Mar. 14 . 1929.

that I last saw h e alive on Mar. 14 . 1929

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nefritis

(Uremia)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) W. L. Berry, M. D.

19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Mar 16, 29
20 UNDERTAKER Mrs. R. G. Elbert	ADDRESS 1723 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

22990
2E 44125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 E 44125

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 18-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Johnson

(a) RESIDENCE NO. 1414 Benna ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 7 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash D.C.

12 MAIDEN NAME OF MOTHER Harriet Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address)

15 Registrar C. HAMPSON JONES M. D.

R 1 61929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14-1929

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 14, 1929, that I last saw him alive on March 14, 1929 and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no — at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dmo a Fa. Cu M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	Mar 17 1929
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1225 Eastlandave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44126

124 E 44126

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1811 Eutaw Place) Ward 15-6 8

2-FULL NAME Jane B. Shanebrook

(a) RESIDENCE NO. 1811 Eutaw Place Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Shanebrook

6 DATE OF BIRTH (month, day, and year): Oct. 30-1856 (1858)

7 AGE: Years 72 | Months 4 | Days 14

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER: Joseph Hershall

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country) Md

12 MAIDEN NAME OF MOTHER: Martha Bull

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country) Md

14 Informant: Elsa Bruhlmyer

(Address) 1811 Eutaw Place

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

161929 Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March. 14th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Mar. 14th, 1929, that I last saw her alive on Mar. 14th, 1929, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute gall Bladder disease

CONTRIBUTORY (Secondary) (duration) ..... yrs. senility mos. ..... ds.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) Loyola Woodbourne Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Mar. 16 1929

20 UNDERTAKER: George L. Schwartz ADDRESS 2101 Eutaw Ave.

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44127

99-082

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgianna Jones

(a) RESIDENCE NO. Colvin St. near Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records of

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 16 1929 19 Signature G. HAMPSON JONES M. D.

3388 By RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926 to March 15, 1929.

that I last saw her alive on March 15, 1929

and (hat death occurred, on the date stated above, at 11:45 A.m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma, Arteriosclerosis, Auricular fibrillation, Chr Bronchitis

Renal ems (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was (here an autopsy? no

What (est confirmed diagnosis? Physical Exam

(Signed) H. H. Hitch, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cloverly Cem

DATE OF BURIAL 3/19/29

20 UNDERTAKER Byron Wright

ADDRESS 1158 E Fayette St.

MAR 16 1929

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44128

CERTIFICATE OF DEATH

47 E 44128

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City/Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah Bond

(a) RESIDENCE NO. 1214 Whitelock ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

15 Filed ..., 19 ...

Per ... Registrar

C. HAMPSON JONES, M.D.

R 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/29

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 19 29, to 3/11, 19 29, that I last saw her alive on 3/11, 19 29 and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) P. Jay Hoke, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: MAR 16 1929, 19

20 UNDERTAKER

ADDRESS

Registered in accordance with the laws of Maryland. See instructions on the back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44129

CERTIFICATE OF DEATH

49 E 44129

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1053 W Lexington ST. 18-26 WARD)

2—FULL NAME Nicholas Green

(a) RESIDENCE NO. 1053 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

PARENTS

10 NAME OF FATHER: Zebia Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Georges Co Md

12 MAIDEN NAME OF MOTHER: Anne Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co Md

14 Informant: Elvena Green Johnson
(Address) 1053 W Lexington St

15 Filed MAR 16 1929 C. H. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 29, to March 17, 19 29,

that I last saw h[illegible] alive on March 14, 19 29

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Hurd, M. D.

March 16, 19 29 (Address) 1005 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harmon, Md

DATE OF BURIAL: Mar 17 1929

20 UNDERTAKER: Rev Kate R. Williams

ADDRESS 322 N Schroeder St

important. See instructions on back of certificates.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 44130

CERTIFICATE OF DEATH

129 E 44130

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 600 S Chapel Gate Lane St. 71 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Moss. Traynor

(Residence in Baltimore: No. 600 S Chapel Gate Lane St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH ? ?, 1 ?
(Month) (Day) (Year)

7-AGE 89 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Pa.

PARENTS

10-NAME OF FATHER Thos B Traynor

11-BIRTHPLACE OF FATHER (State or country) England.

12-MAIDEN NAME OF MOTHER Mary Rhodes

13-BIRTHPLACE OF MOTHER (State or country) England.

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mc Coy.

(Address) 3441 Edmondson Ave

15-

Filed MAR 17 1929

C. HAMPSON JONES, M. D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 3 - 15th, 1929
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to, 191 ,
that I saw h[illegible] alive on Mch 2, 1929.
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Arteriosclerosis & Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) Irwin Brough M. D.

Mch 16, 1929 (Address) 704 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Philadelphia Pa.

DATE OF BURIAL 3 - 17, 1929

20-UNDERTAKER Mrs Chas A Rohde

ADDRESS 3327 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 44131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 44131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 24-33

2-FULL NAME August Stricker.

(a) RESIDENCE NO. 1105 Battery Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
January 22, 1891

7 AGE	Years	Months	Days 23	IF LESS than 1 day.....hrs. or.....min.
	38	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 0

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Anton Stricker.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Koerner.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant George Stricker (brother)

(Address) 1274 Battery Ave.

15 Filed MAR 17 1929 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the base of the skull, struck & knocked down by a blow at the hands of Robert J. Viehmeyer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Homicide

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

3/16 1929 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? William & Cross sts. March 8, 1929.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a&c Date of Burial 3-18 1929

20 UNDERTAKER Ehrlich Bros ADDRESS 115 E West St

Be sure to give full name, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks. Katherine R. Heany

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44132

CERTIFICATE OF DEATH

90

E 44132

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Belvieu Ave. ST. 15-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine R. Heany

(a) RESIDENCE NO. 4107 Belvieu Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 12 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Heany

6 DATE OF BIRTH (month, day, and year): Nov. 3, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: John G. Debring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Rebecca A. Lippincott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: John P. Heany

(Address): 4107 Belvieu Avenue

15 Filed ..., 19... C. HAMILTON JAMES, M. D. Registrar

171829

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929 to March 15, 1929 that I last saw h alive on March 15, 1929 and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH was as follows: (1) Acute Lumbo Chronic myocarditis (2) Cystitis (3) Anemia (3 yr)

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary): Senility, Myocarditis (duration) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Green M. D.

(Address) 30 01 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/18 19 29
20 UNDERTAKER: Henry W. Weaver & Son	ADDRESS: 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44133 E 44133

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2208 Prentiss Place ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin F. Roberts

(a) RESIDENCE NO. 2208 Prentiss Place ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate M. Roberts

6 DATE OF BIRTH (month, day, and year) July 4, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer Cottman Co.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin F. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Kate M. Roberts
(Address) 2208 Prentiss Place

15 Filed 1-7-1929 HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 15 29

17 I HEREBY CERTIFY, That I attended deceased from 5-12, 1929, to 5-15, 1929, that I last saw h alive on 5-15, 1929, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Hypertension

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Surgical

(Signed) Wm. H. Welch M. D.

19 (Address) 1000 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 5/18/29.

20 UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ E 44134

1-PLACE OF DEATH E 44134 — 44-34

REGISTERED NO. E 44134

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Land.

(a) RESIDENCE NO. 132 E. Barney St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, ~~widowed, or divorced~~ (or) WIFE of Sam Land.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin Wolfson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Hannah---

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Jack Lewis.

(Address) 1439 E. Baltimore St.

15 Filed 19 HARRISON JONES M. D. Registrar

MAR 17 1925 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

3/16 1925 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 132 E. Barney St. March 15, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Point Lorman Hall Date of Burial 3/17 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

If the physician in charge did not sign the certificate of death, he may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44135
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31 E 44135
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 815 W Whitelock St. 13-59 (WARD)

2-FULL NAME Jennie Hilkowitz

(a) RESIDENCE NO. 815 W Whitelock St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Hilkowitz

6 DATE OF BIRTH (month, day, and year) 6-20-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) O H
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Ruben Hilkowitz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Eva —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jennie Hilkowitz
(Address) 815 W Whitelock St

15 Filed APR 17 1929 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15 1929

17 I HEREBY CERTIFY, That I attended deceased from 10/10 1928 to 3/15 1929.
that I last saw h[illegible]ive on 3/15 1929
and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Pulmonary Tuberculosis - Hospital
(duration) 6 yrs. — mos — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Consultation

(Signed) Dan'l Grandlen, M. D.
3/16 1929 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 3/17 1929
20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw

TION is very important. See instructions on back of certificates. EXACT WEIGHT OF OCCUPA

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44136

CERTIFICATE OF DEATH

E 44136

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Bethel St., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irena Kuta

(a) RESIDENCE NO. 520 S. Bethel St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Kuta

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Margarita Rotnyk

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant John Kuta
(Address) 520 S. Bethel St

15 Filed MAR 17 1929, 19 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 16, 29

17 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1929, to Mar. 16, 1929, that I last saw h[illegible] alive on Mar. 16, 1929, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Whooping Cough ?

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft. Stanislaus Cem.	March 17 1929.
20 UNDERTAKER	ADDRESS
George A. Weber	700 S. Ann St

MAR 17 1929

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44137

CERTIFICATE OF DEATH

199 E 44137

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St. 4-25 Ward)

2-FULL NAME Lawrence Palonis

(a) RESIDENCE NO. 110 N Green St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	white	Sing'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mayo Co

9 BIRTHPLACE (city or town)
(State or country) Lithuania

PARENTS

10 NAME OF FATHER Palis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant Wife of Mrs.
(Address) 110 N Green

15 Filed 3-17 1929 19 SIMON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull
Murder

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? 360 Greenwich

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James McPhaul M. D.

3/16 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 18 19 29
20 UNDERTAKER	ADDRESS
John Greblauckas	423 S Paca St.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-12-23—M&T—500 Blks.

E 44138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44138

CERTIFICATE OF DEATH.

125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. (ST.) Gen. Hosp. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Moret

(a) RESIDENCE NO. 1883 W. Lafayette Ave (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Angelo Moret

6 DATE OF BIRTH (month, day, and year): May 25 — 1878

7 AGE: 50 / 51 — Years: — Months: 9 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Anthony Primus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Sophia Primus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Angelo Moret

(Address): 1883 Lafayette Ave

15 Filed ART 7 1925 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1929 to March 15, 1929

that I last saw he alive on March 15, 1929

and that death occurred, on the date stated above, at 10-50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

ok. Mar 16th [illegible]

for [illegible]

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 15-'29

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Benj. Samuels, M. D.

, 19 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: March 19 29

20 UNDERTAKER: Frank Croxton

ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44139

CERTIFICATE OF DEATH.

44

E 44139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 601 N. Bouldin St

CITY OF BALTIMORE: (No. 601 ST. 26-11 WARD)

2-FULL NAME Josephine F. Dobihal

(a) RESIDENCE NO. 601 N. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced (or) WIFE of Charles Dobihal

6 DATE OF BIRTH (month, day, and year) Dec 20 1865

7 AGE 63 Years 2 Months 26 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

PARENTS

10 NAME OF FATHER Anthony Chalone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho-Slovakia

12 MAIDEN NAME OF MOTHER Catherine Soldat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czecho-Slovakia

14 Informant Husband

(Address) 601 N. Bouldin St

15. Filed MAR 17 1929 SIMEON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1929 to Mar 16 1929

that I last saw her alive on March 16 1929

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver & Gall Bladder

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A. T. Ries M. D.

(Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL Mar 19 1929

20 UNDERTAKER Frank Cruchon — ADDRESS Richmond

TION is very important. See instructions on back of certificates.

Form—2-29-28—L. F. S.—500 Blks.

223032
E 44140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-002

REGISTERED NO. E 44140

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITA William J. Lindsay (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William B. Lindsay

(a) RESIDENCE NO. 116 (Usual place of abode) E. Preston ST., WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6 DATE OF BIRTH (month, day, and year): august 1884

7 AGE: 44 Years 7 Months Days — If LESS than 1 day, hrs. or min.

45

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Savannah Georgia

PARENTS

10 NAME OF FATHER: William Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Georgia Dale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Savannah Georgia

11 Informant: Records

(Address)

15 Filed 3 17 1929 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1929

17 I HEREBY CERTIFY, That I attended deceased from March 4. 1929. to March 16. 1929.

that I last saw h[illegible] alive on March 16. 19[illegible]

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal Obstruction

Edematous Anasarca

Arteriosclerosis

Hypertension (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes (duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/8/29

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

[illegible] 19[illegible] (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savannah Ga

DATE OF BURIAL: 3-18 1929

20 UNDERTAKER: Henry W Jenkins Son Co

ADDRESS Orchard & McCulloh

Spec.—2-29-28—L. F. S.—500 Blks. John Reisinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44141

CERTIFICATE OF DEATH

31 E 44141

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-10 ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Reisinger

(a) RESIDENCE NO. 10 W. Montford ave. ST., 6 th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of Mary Reisinger
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Andrew Reisinger

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Mary Warner

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant Mary A. Reisinger

(Address) 10 W. Montford ave.

15 Filed MAR 17 1929, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 19 29, to March 14, 19 29,

that I last saw h in alive on March 14, 19 29

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Senility

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry Reich, M. D.

3-15, 19 29 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Mch 18 19 29
20 UNDERTAKER Lilly & Zeiler Inc	ADDRESS 4031 Wash Blvd

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 44142

CERTIFICATE OF DEATH

E 44142

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Foster Ave. ST. 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Mehring

(a) RESIDENCE NO. 3302 Foster ave. ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Mehring.

6 DATE OF BIRTH (month, day, and year) Nov. 15th 1846

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adam Mehring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Ebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Mehring.
(Address) 3302 Foster ave.

15 Filed MAR 17 1929 SIMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 14/29

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1929, to March 14, 1929

that I last saw h[illegible] alive on March 14, 1929

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Cerebral Hemorrhage

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Exam.

(Signed) A. E. McCausland M. D.

3/16, 1929 (Address) 3502 Bank St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Mch 18th 1929
20 UNDERTAKER	ADDRESS
Libby & Zeiler Inc.	4038 Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44143

REGISTERED NO. 57

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Patterson Park Ave (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Goldpenny

(a) RESIDENCE NO. 717 N Patterson Park Ave (Usual place of abode) WARD

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: Chas Goldpenny

6 DATE OF BIRTH (month, day, and year): Mar 5 1848

7 AGE: Years 81 | Months | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Lulu Goldpenny

(Address) 717 Patterson Park Ave

15 Filed MAR 7 1929 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from March 11th 1929 to March 15 1929

that I last saw her alive on March 14th 1929

and that death occurred, on the date stated above, at 15 05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) yrs. 1 mos. ds.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. L. Gordy M. D.

3-15-1929 (Address) 428 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: March 18 1929

20 UNDERTAKER: John Merck

ADDRESS: 2008 Orleans St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44144

CERTIFICATE OF DEATH

89

E 44144

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Curtis Bay Yard. B & O St. R.R. Ward) 6th

2-FULL NAME James E. De Graw

(a) RESIDENCE NO. 1619 Montpelier St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith V. De Graw

6 DATE OF BIRTH (month, day, and year) January 10, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town)
(State or country) Belvale, N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Abby Newman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Edith V. De Graw
(Address) 1619 Montpelier St

15 Filed MAR 17 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 15 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zell Gt M. D.

3/16, 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Mar 18 1929

20 UNDERTAKER Harry H. Annacost

ADDRESS 4204 Ridgewood Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44145

CERTIFICATE OF DEATH

90

E 44145

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Presbury ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E.Cole.

(a) RESIDENCE NO. 3021 Presbury ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E.Cole,

6 DATE OF BIRTH (month, day, and year) June 12.1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm.H.Cole,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elenora Hayes,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Elenora C Mitchell

(Address)

Filed MAR 17 1929 15 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from Mar 12, 1929, to Mar 16, 1929, that I last saw h[illegible] alive on Mar 15, 1929 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pe

(Signed) [illegible] M. D.

3/16, 19 (Address) 735 N Eutaw

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Greenmount

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44146

CERTIFICATE OF DEATH

31 ✓

E 44146

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. Kenwood Ave. ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME EMMA M. KLEIN

(a) RESIDENCE NO. 824 N. Kenwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 DATE OF BIRTH (month, day, and year)	October 16, 1907			
7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Tottle's Ten Cent Store

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward W. Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mamie K. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Mamie K. Klein (Mother)

(Address): 824 N. Kenwood Ave.

15 Filed MAR 17 1929, 19 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 19 28, to March 15, 19 29

that I last saw her alive on Jan. 27, 19 29

and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Dil. Intermittens

CONTRIBUTORY (Secondary) Exhaustion (duration) 2 yrs. , mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What (est confirmed diagnosis? Physical Signs

(Signed) Chas. A. Kerr, M. D.

3/16/29 (Address) 4085 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: March 18, 19 29

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: BALTIMORE ST. & BROADWAY

Cor.—10-10-29—A Co.—100 Bks.

44147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 44147

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 603 S Grundy St.) (Ward) 26-37

2-FULL NAME Andrew Dean

(a) RESIDENCE NO. 603 S Grundy St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dean

6 DATE OF BIRTH (month, day, and year) Mar 20 1854

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer Beverage Dispensers Plant

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown Dean

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Elizabeth Dean
(Address) 603 S Grundy

15 Filed ... 19... LAWSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to Natural death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tubercular Phthisis Pulmonalis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

3/17, 1929 (Address) 4002 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	March 19, 1929
20 UNDERTAKER H. Sander Sons	ADDRESS 1710 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Margaret J. Hammond

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44148

CERTIFICATE OF DEATH

101-001

E 44148

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Clarkson St. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret J. Hammond.

(a) RESIDENCE NO. 1409 Clarkson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Francis W. Hammond.

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1880.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48.	7.	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 0-7

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George R. Purdy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Whitrie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Edith Houpe, (Daughter)
(Address) 1409 Clarkson St.

15 Filed Mar 17, 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14/1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1927 to Mar 14 1929 that I last saw h~~e~~ alive on Mar 14, 1929 and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. H. Campbell M. D.

3/16, 1929 (Address) 1464 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 19

20 UNDERTAKER Edward Eunson & Son

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 44149

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 44149

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 5-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Taylor

(a) RESIDENCE NO. 347 Forrest St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Rosa Midnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19... Registrar ..... JONES, M. D., Registrar.

R 17 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17

I HEREBY CERTIFY, That I attended deceased from January 31, 19 29, to March 15, 19 29,

that I last saw him alive on March 15, 19 29

and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

Hypertension

Chronic myocarditis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

(Address) BALTIMORE CITY HOSPITALS, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary cem	3-18 1929

20 UNDERTAKER Byron & Wright ADDRESS 1218 McCulloh St

Spec.—1-12-23—M&T—500 Blks.

E 44150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 44150
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 1562 ST. 5 WARD)

2-FULL NAME Mr. Ephriam Kirshner.

(a) RESIDENCE NO. 3445 Cottage Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bookseller.
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Abraham Kirshner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Bessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Hospital
(Address)

15 Filed MAR 17 1929 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1929, to March 16, 1929, that I last saw him alive on March 16, 1929 and that death occurred, on the date stated above, at 8:15 P. m

The CAUSE OF DEATH* was as follows:
Rheumatic Cardio-Vascular Disease.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical.

(Signed) Jack L. Singer, M. D.
3/16, 1929 (Address) West Balto. General.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 3/17 1929

20 UNDERTAKER L. L. Swenson & Bro — ADDRESS 1127 E Balto St

MAR 17 1929

Spec.—1-10-21—M&T—1500 Blks.

E 44151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 29 E 44151

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: No. Lehman St. 4-25 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Adler

(a) RESIDENCE No. 681 W. Fayette St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 68 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Lehman Adler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Clara ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Dr. Lewis N. Krastin

(Address) 408 Washington Ave. Towson Md.

15 Received MAR 17 1929, 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-15 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-25, 1929, to 3-15, 1929, that I last saw h alive on 3-15, 1929, and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Erysipelas;

(duration) yrs. mos 8 days

CONTRIBUTORY (Secondary) Chronic nephritis; uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Drake M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Mar 18 1929

20 UNDERTAKER: Wm Fluckner & Sons — ADDRESS: Dorsey Md

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44152

CERTIFICATE OF DEATH.

129 E 44152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E. 33rd St. 12-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie J. Stricker

(a) RESIDENCE NO. 317 E. 33rd St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 13, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Maloney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary Stricker (Address) 317 E. 33rd St.

15 Filed 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 1928 to June 13 1929

that I last saw h alive on June 13 1929

and that death occurred, on the date stated above, at 10.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

+

Ch. Ulc. Endocarditis (duration) Unknown

CONTRIBUTORY (Secondary) Dropsy

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? V

(Signed) Wilbur Burk, M. D.

(Address) 210 S. Clinton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: March 15 1929

20 UNDERTAKER: Joseph Syfer — ADDRESS: 1600 W. North Ave

THIS CERTIFICATE MUST BE FILLED OUT IN FULL, AS FAR AS POSSIBLE, AND IN ALL CASES WHERE ANY PART OF THIS CERTIFICATE IS BLANK, AN EXPLANATION MUST BE GIVEN. IF THE CAUSE OF DEATH IS NOT KNOWN, THE FACTS IN REGARD TO THE LAST ILLNESS MUST BE REPORTED TO THE CORONER, WHO WILL INVESTIGATE THE CASE AND RETURN THE CAUSE OF DEATH. THE NAME OF THE PHYSICIAN WHO ATTENDED THE DECEASED DURING HIS LAST ILLNESS MUST BE GIVEN. IF THE DECEASED WAS NOT ATTENDED BY A PHYSICIAN, THE FACTS IN REGARD TO THE LAST ILLNESS MUST BE REPORTED TO THE CORONER. THE CERTIFICATE MUST BE FILED WITH THE REGISTRAR OF VITAL STATISTICS BEFORE THE BODY IS REMOVED FROM THE CITY OR INTERRED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 44153 HEALTH DEPARTMENT—CITY OF BALTIMORE 44153

CERTIFICATE OF DEATH. 122-001 E 44153

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1300 N. Fremont Ave (Apt. 5-20) (Md)

2-FULL NAME Thomas Boland.

(a) RESIDENCE NO. 1300 N. Fremont Ave ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Costigan

6 DATE OF BIRTH (month, day, and year) June 15th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Boland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Boland (Address) 1300 N. Fremont Ave

15 Filed MAR 19 1929 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to March 15th, 1929, that I last saw him alive on March 15th, 1929 and that death occurred, on the date stated above, at 5 45 a m

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease (Aortic Incompetency)

(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Cirrhosis of the liver (Alcoholic) (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? — No —

What test confirmed diagnosis? Clinical

(Signed) Wm F. Sullivan, M. D.

3/16, 1929 (Address) 1701 E. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL 3-18-29.

20 UNDERTAKER Martin Fahey & Sons — ADDRESS 1824 North Ave.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44154

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Freiburger 682 Park Ave

51

CERTIFICATE OF DEATH

E 44154

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1236 Ridgely ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ester L Nazarenus

(a) RESIDENCE NO. 1236 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 6 1925

7 AGE — Years: 3 | Months: 11 | Days: 8 | If LESS than 1 day, hrs. or min.: 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert L Nazarenus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md

12 MAIDEN NAME OF MOTHER: Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Albert L Nazarenus

(Address) 1236 Ridgely ST

15 Filed ___ 19 ___ [illegible] JONES, M. D. Registrar

18 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Feby 15 19 29 to Mch 15 19 29.

that I last saw h[illegible] alive on Mch 15 19 29.

and that death occurred, on the date stated above, at 4-48 PM

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

CONTRIBUTORY (Secondary) Rheumatism (duration) ___ yrs. 15 mos. ___ ds.

(duration) ___ yrs. 1 mos. ___ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M L Freiburger M. D.

3/16 19 29 Address) 682 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/18 19 29

20 UNDERTAKER: [illegible] Cook

ADDRESS: 421 E Fayette St

Spec.—2-29-28—L. F. S.—500 Hks.

Dr Keller 1927 Gough St

E 44155 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 44155

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 S Rose ST. 710 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry C Redmond

(a) RESIDENCE NO. 500 S Rose ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Redmond

6 DATE OF BIRTH (month, day, and year): June 7, 1884

7 AGE: Years 14 Months 9 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Man

(b) General nature of industry, business, or establishment in which employed (or employer): Delivery

(c) Name of employer: H M Ice Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John B Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ruth Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Beulah Redmond

(Address) 2515 E Madison St

15 Filed MAR 10 1929 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15 1929

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to March 15, 1929, that I last saw h alive on March 14, 1929, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) " " "

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo Keller M. D.

3, 16, 1929 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 3/18 19 29

20 UNDERTAKER: Wm Cook — ADDRESS: 1272 Gough St

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44156

90 ✓

REGISTERED NO. E 44156

1-PLACE OF DEATH

City of Baltimore: (No. 2422 Jefferson St St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella W. Busse

(a) RESIDENCE NO. 2422 Jefferson St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. [illegible]

6 DATE OF BIRTH (month, day, and year) Jan 8/1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James P. Flaherty

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Lynch

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant John H. Busse (son)
(Address) 2422 Jefferson St

15 Filed 19 [illegible] Registrar

MAR 18 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 192 29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) [signature] M. D.

3/16/29 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL March 18 19 29

20 UNDERTAKER John A. Moran

ADDRESS 3500 E. Balto. St.

Be sure that all items are properly filled in, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44157
1—PLACE OF DEATH

CERTIFICATE OF DEATH

100-001

E 44157
REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Harris

(a) RESIDENCE NO. 1130 E. Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Harris.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dr. H. Goldsmith

(Address) Baltimore City Hospitals

15 Filed 3/21/1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-29

17 I HEREBY CERTIFY, That I attended deceased from 6-24-, 1928, to 3-16-, 1929, that I last saw her alive on 3-16-, 1929 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) 2 weeks

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

3/21, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL 3/20 1929

20 UNDERTAKER Chris. A. Johnson & H. Coughlin ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

Alvin Winbush

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44158

100-E 44158

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 615 N. Bond St St., 7-9 Ward)

2-FULL NAME Alvin Winbush

(a) RESIDENCE NO. 615 N. Bond St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23/1928

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Booker Winbush

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Lillian Ross

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Booker Winbush
(Address) 615 N. Bond St

15 Filed MAR 18 1929 H. LLOYD EVANS, M. D. Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia
(Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Information

(Signed) John Cain, M. D.

3/17/29 (Address) 503 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodberry cemetery

DATE OF BURIAL 18 March 1929

20 UNDERTAKER Edward Bryon

ADDRESS 1631 Orleans st

We desire all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44159

CERTIFICATE OF DEATH

57

E 44159

1—PLACE OF DEATH University Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-46 ST. WARD)

2—FULL NAME Catherine Joyce Stevens

(a) RESIDENCE NO. 2878 Harford Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Bartholomew Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Annie Coonan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Dr. Thomas F. A. Stevens

(Address) 2878 Harford Road

15 Filed MAR 18 1929 19 H. A. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar 14th, 1929, to Mar 16th, 1929.

that I last saw her alive on Mar 16th 1929

and that death occurred, on the date stated above, at 6:40 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Auricular fibrillation

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eg Warner M. D.

19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 20 1929
20 UNDERTAKER Chas. L. Stevens	ADDRESS 130 E Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 44160

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH

REGISTERED NO. E 44160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2957 Keswick Road ST., 13 51 WARD)

2—FULL NAME Bessie Shuler

(a) RESIDENCE NO. 2957 Keswick Road ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 24, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Edward Shuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Alice Nace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss. Lydia Shuler

(Address) 2957 Keswick Road

15 Filed MAR 16 1929 C. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1929.

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to March 16, 1929.

that I last saw h[illegible] alive on March 15, 1929

and that death occurred, on the date stated above, at 9-30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Aspiration)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) [illegible] M. D.

Mar 16, 1929 (Address) 841 Chatsworth Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 18 1929.

20 UNDERTAKER Horace A. Burgee

ADDRESS 3611 Falls Road

Spec.—1-12-23—M&T—500 Bks.

Borinsky

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44161

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 44161

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ~~Rose~~ Borinsky ST 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Borinsky.

(a) RESIDENCE No. 1206 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Borinsky

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE Years 62 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0.37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Krazolnin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E. Baltimore St

15 Filed APR 18 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1927

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1927, to 3/17, 1927, that I last saw her alive on 3/17, 1927, and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatic Valvular disease (Carditis & Endocarditis)

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Exam.

(Signed) A. L. Gibbs, M. D.

3/17 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Shalom

DATE OF BURIAL 3/18 1927

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balt

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44162

101-001

CERTIFICATE OF DEATH

E 44162

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 242 Rock ST. 18-76 (WARD)

2—FULL NAME Daisy Johnson

(a) RESIDENCE NO. 242 Rock ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col'd	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Johnson

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Bernard Johnson

(Address) 242 Rock St

15 Filed MAR 18 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15th 29

17 I HEREBY CERTIFY, That I attended deceased from March, 19 29, to March 15, 19 29,

that I last saw h alive on March 15, 19 29

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of No

Was there an autopsy? No What test confirmed diagnosis? Physician

(Signed) L. Wolf M. D.

, 19 (Address) 739 W Fay ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 3-19-29

20 UNDERTAKER Samuel Carlson

ADDRESS 976 Pa ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 44163 **E 44163**

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3704 Seventh ST. Brooklyn WARD

REGISTERED NO. 25-75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Mann

(a) RESIDENCE NO. 3704 Seventh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence E Mann

6 DATE OF BIRTH (month, day, and year) March 20 1870

7 AGE	Years	Months	Days 26	If LESS than 1 day, hrs. or min
	58	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alexander Fair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Susan Deer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Gertrude V Mann

(Address) 3704 Seventh st

15 Filed ..... 19 ..... A. M. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 1929

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 16, 1929, that I last saw her alive on March 16, 1929, and that death occurred, on the date stated above, at 7 05 P m

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Nebel, M. D.

19 (Address) 1226-36 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Mar 20 1929

20 UNDERTAKER John H. Denny

ADDRESS 710 Light St

REC 1929

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44164
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

E 44164
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2401 Annah ST. 16-6K (WARD)

2-FULL NAME Mary Margaret Schmelz

(a) RESIDENCE NO. 2401 Annah ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Frederick Schmelz

6 DATE OF BIRTH (month, day, and year) Oct 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Born

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Helen Bracky
(Address) 2401 Annah Ave

15 Filed MAR 16 1929 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Mar 15, 1929, that I last saw her alive on Mar 14, 1929, and that death occurred, on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs. — mos. 1 6 ds.

CONTRIBUTORY (Secondary) Asthma Pulmonale

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Georg — M. D.

3/16/29 (Address) 622 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/18/1929

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44165

CERTIFICATE OF DEATH.

90 **E 44165**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Division St. 4th WARD)

2-FULL NAME Laura Ann Hynson

(a) RESIDENCE NO. 1619 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Hynson

6 DATE OF BIRTH (month, day, and year): June 4, 73

7 AGE — Years: 55 — Months: 11 — Days: 11 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: John Hynson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Irene Young

(Address) 1619 Division St.

15 Filed APR 10 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/19/1929

17 I HEREBY CERTIFY, That I attended deceased from 4/15/1927 to 3/19/1929

that I last saw h[illegible] alive on 3/19/1929

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary) Profound toxemia of pregnancy

(Duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Clein, M. D.

3/19/1929 (Address) 527 Monument E.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 3/19/1929

20 UNDERTAKER: Mrs. George H. Holland — ADDRESS: 1631 Druid Hill Ave

TION is very important See instructions on back of certificate.

Spec.–7-17-26–A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44166 101-001 **E 44166**

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1522 N. Bruce St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brown, Jr.

(a) RESIDENCE NO. 1549 N. Bruce St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-10-29

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General natore of indostry, bosiness, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Elizabeth Peters

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Thos. Peters

(Address)

15 Filed ..... 19 .....

MAR 18 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 – 18 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-14 1929 to 3-18 1929

that I last saw h. alive on 3-17 1929

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(doration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Race, M. D.

, 19 (Address) 1816 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natore of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial May 18 1929

20 UNDERTAKER Thomas E. Kelson — ADDRESS 2327 Pleasant St

HERMON JONES, M.D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 44167

CERTIFICATE OF DEATH

E 44167

1—PLACE OF DEATH

REGISTERED NO. 16-21

CITY OF BALTIMORE: (No. University Hospital (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Brown

(a) RESIDENCE NO. 1519 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Uncertain.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas P. Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Thomas Peters

(Address) 522 N. Bruce st

15 Filed MAR 16 1929 HARRY C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/29

17

I HEREBY CERTIFY, That I attended deceased from 3/12, 1929, to 3/15, 1929

that I last saw h.. alive on 3/15, 1929

and that death occurred, on the date stated above, at 3:05 Am.

The CAUSE OF DEATH* was as follows:

Bicatrical Confluent
Bronchial Pneumonia.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Hill, M. D.

3/15, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar 18 1929

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1553 Pennsylvania Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 44168 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44168

74-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST., 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Owens

(a) RESIDENCE NO. 1002 Woodyear St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junking

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mississippi

PARENTS

10 NAME OF FATHER Bolliver Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Betty ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant

(Address)

15 Filed MAR 18 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 15, 29 to March 14, 29

that I last saw him alive on March 14, 29

and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. W. Stark, M. D.

19 [illegible] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn cemetary	Mar 18 19 29
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1537 Presstman

C. Harper Cooke M. D.

Spec.—1-12-23—M&T—500 Blks.

E 44169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44169

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N. Paca St. ST., 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Tolson

(a) RESIDENCE No. 633 N. Paca St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Tolson

6 DATE OF BIRTH (month, day, and year): 1850 Unkown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Isl. Md.

PARENTS

10 NAME OF FATHER: James Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Isl. Md.

12 MAIDEN NAME OF MOTHER: Charlotte Clayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Isl. Md.

14 Informant: Mrs Katie R. Williams

(Address): 322 N. Schroeder

15 Filed MAR 16 1929 H. Schroeder Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 19 29

17 I HEREBY CERTIFY, That I attended deceased from June 1926, to March 14 19 29

that I last saw him alive on March 13 19 29

and that death occurred, on the date stated above, at 1;40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstital Nephritis
Mitral Ins.

(duration) 2 yrs. 9 mos. 3 ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Mar 18, 1929

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Items very important—See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 44170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 44170

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Cullbourn & Fayette ST.) 712 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (over) Solomon Collmus

(a) RESIDENCE NO. 929 N Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/12/1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real estate

(b) General nature of industry, business, or establishment in which employed (or employer) O&S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Collmus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Stella C Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba Md

14 Informant Wm Collmus
(Address) 929 N. Broadway

15 Filed MAR 18 1929 H. M. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to Mar 17, 1929, that I last saw him alive on Mar 17, 1929, and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular renal disease

Chronic interstitial nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Elizabeth B. Shuman M. D.

3/17, 1929 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 3/20 1929

20 UNDERTAKER William Cook — ADDRESS 121 N. Paul

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44171 — CERTIFICATE OF DEATH — 129 E 44171

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3160 Remington Ave. WARD) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie C. Bigge

(a) RESIDENCE NO. 3160 Remington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Late James Bigge

6 DATE OF BIRTH (month, day, and year) Feb 29, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) hd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Otto Regner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Tuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank E. Bigge

(Address) 3160 Remington Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 29.

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 19 29 to Mch 16. 19 29.

that I last saw h alive on Mch 16 19 29

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Asthma (duration) yrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Rieck Jr M. D.

Mch 18 19 29 (Address) 113 W. 55th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	March 20 1929.
20 UNDERTAKER	ADDRESS
Thomas & Son	3615 Eastern

Mch 18 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Samuel W. Hare

HEALTH DEPARTMENT—CITY OF BALTIMORE

44172

CERTIFICATE OF DEATH

31 E 44172

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel W. Hare

(a) RESIDENCE NO. 1211 N. Bradford st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widnwed, or divorced HUSBAND of (or) WIFE of Bertha Hare

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind nf work Filling Sta. Mgr.

(h) General nature nf industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Hare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Lovett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed MAR 18 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from January 17, 1929, to March 16, 1929, that I last saw h in alive on March 16, 1929 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

3-16, 1929 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Vinlent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	March 19 1929.
20 UNDERTAKER	ADDRESS
Chenoweth Son	3615 Gheut

Spec.—2-29-28—L. F. S.—500 Bks.

E 44173 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 44173

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Columbus Trumbo

(a) RESIDENCE NO. 1314 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Trumbo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Charlotte Holbrook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Records of

(Address)

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from October 20, 19 27, to March 16, 19 29, that I last saw him alive on March 16, 19 29, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

Urinary Incontinence (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. H. Mick, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	3/19 19 29
20 UNDERTAKER Robert Brooks & Son	ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44174

CERTIFICATE OF DEATH

90

E 44174

1—PLACE OF DEATH Ba

REGISTERED NO.

CITY OF BALTIMORE: (No. 14-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Woods

(a) RESIDENCE No. 2000 N Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1889

7 AGE: 40 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Clarence

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Jannie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Patients Record [redacted] TAL

15 Filed [redacted] 19 [redacted] Registrar

[redacted] 13 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-16-29

17 I HEREBY CERTIFY, That I attended deceased from 3-1, 1929, to 3-16, 1929, that I last saw him alive on 3-16, 1929, and that death occurred, on the date stated above, at 5.25 P. m.

THE CAUSE OF DEATH* was as follows:

Chronic myocarditis.
Myocardial degeneration

(duration) 9 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) W. M. Mack, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: May 19 1929

20 UNDERTAKER: Wm. P. G. Elliott — ADDRESS: 1715 Washington

Spec.—2-29-28—L. F. S.—500 Bks.

E 44175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 E 44175

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1020 Edmonson Ave (WARD) 16

2—FULL NAME Ethel Keys.

(a) RESIDENCE NO. 1020 Edmonson Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Keys.

6 DATE OF BIRTH (month, day, and year): July 1894

7 AGE: 34 Years 35 | Months 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Chas. Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bertha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Bertha Daniels
(Address) 1020 Edmonson Ave

15 Filed MAR 18 1929 16 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 16, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1924, to March 16 1929 that I last saw her alive on March 14 1929 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Tetany

(duration) 2 wks

CONTRIBUTORY (Secondary) Removal of thyroid

(duration) yrs 3 mos 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 1924

Was there an autopsy? yes

What last confirmed diagnosis? Clinical

(Signed) R. J. Young, M. D.

3/17 1929 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Mar. 16 1929

UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1225 Eutaw Ave

Spec.—2-29-28—J. F. S.—500 Bks.

E 44176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44176

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 N. Ann St (ST.) 69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Franciszka Ryniewicz

(a) RESIDENCE NO. 12 N. Ann St (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Karol Ryniewicz 1874

6 DATE OF BIRTH (month, day, and year) Un. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob Dynko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Un

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Karol Ryniewicz

(Address) 12 N. Ann St

Filed MAR 18 1929 HARRY JONES, M. D.

Registrar

Per Hass

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to March 17, 1929, that I last saw h[illegible] alive on March 16, 1929 and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S

(Signed) John V. Zwierlein M. D.

19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Mar.	20 19 29

20 UNDERTAKER F. W. Ozajewski ADDRESS 1920 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 44172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44177.

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 718 Arlington ave ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Bryan

(a) RESIDENCE NO. 718 E. Arlington ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H Bryan

6 DATE OF BIRTH (month, day, and year): May 26 1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
79	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country): Prince George Co Md

PARENTS

10 NAME OF FATHER: John Hodson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Nathan Bryan

(Address) 720 Arlington ave.

15 C. HARRISON JONES, M.D.

Coroner

MAR 18 1929 Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928 to March 16, 1929, that I last saw h alive on March 15, 1929 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Chronic (duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Wm. N. Wright M. D.

March 16, 1929 (Address) 1209 Portland Pl St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 3-17 1929

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1421 Jefferson St

Spec.—2-29-28—L. F. S.—500 Blks.

E 44178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44178

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Apts - ST. 17-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charlesetta Applegarth Schermerhorn

(a) RESIDENCE NO. Greenway Apts - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 0 ds. How long in U. S., if foreign birth? 80 yrs. 1 mos 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles S. Schermerhorn

6 DATE OF BIRTH (month, day, and year): Feb 17 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Alex Applegarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Maryland

12 MAIDEN NAME OF MOTHER: Sarah Waddell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: W. F. Schermerhorn (son)

(Address) 54 Randall Ave. Tel

15 Filed MAR 18 1929 C. HARRISON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1928, to March 17, 1929, that I last saw h alive on March 17, 1929 and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Pancreas & Liver (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Oct 23, 1928

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Geo A Stewart, M. D.

Mar 17, 1929 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: March 18 1929.

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44179
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 44179
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1724 Dukeland St. 15-66 (WARD)

2-FULL NAME Betty May Boston

(a) RESIDENCE NO. 1724 Dukeland ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): June 21-1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Raymond Boston
11 BIRTHPLACE OF FATHER (city or town) (State or country): Union Bridge Md
12 MAIDEN NAME OF MOTHER: Gladys Kimball
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Union Bridge Md

14 Informant: Raymond Boston
(Address) 1724 Dukeland St

15 Filed MAR 18 1929 H. A. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1929

17 I HEREBY CERTIFY, That I attended deceased from March 15. 1929. to March 17. 1929
that I last saw her alive on March 17. 1929
and that death occurred, on the date stated above, at 7:15 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.

(Signed) Leo A. Lauenbacher M. D.
(Address) 224 N. Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hawks Church, Md
DATE OF BURIAL: Mar 19 29

20 UNDERTAKER: Sam J. Timberman Sons
ADDRESS: Taneytown

TION is very important See instructions on back of certificates.

Spec.—4-31-14—M. & T.—2000 Bks.

E 44180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44180

CERTIFICATE OF DEATH.

90

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Gwynn Oak Ave St. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude Hooker

(Residence in Baltimore: No. 4202 Gwynn Oak Ave

St.; ~~week~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Apr 23, 1871 (Month) (Day) (Year)

7-AGE. 57 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Maker
(b) General nature of industry, business, or establishment in which employed (or employer): O.S.C.

9-BIRTHPLACE, (State or Country) Pennsylvania

PARENTS.

10-NAME OF FATHER, Joseph Hooker

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania Md

12-MAIDEN NAME OF MOTHER Sarah E Ellis

13-BIRTHPLACE OF MOTHER (State or Country) Colorado

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Esther Hooker

(Address) 4202 Gwynn Oak Ave Lutherville Md

15- C. HAMILTON JONES, M. D.

Filed ..... 191.....

per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1929. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1929, to March 18 1929, that I saw h[illegible] alive on March 18 1929, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Aortic Insufficiency

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. ds.

(Signed) Howard [illegible] M. D.

Mar 18, 1929 (Address) 3604 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westernport Md

DATE OF BURIAL, March ....., 191...

20-UNDERTAKER W. J. Eckert Son

ADDRESS Mt Airy

Spec.—2-29-28—L. F. S.—500 Bks.

E 44181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

E 44181

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Reeder

(a) RESIDENCE NO. [redacted] 401 Eastern Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel construction

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William G. Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine McPherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records of

(Address) Baltimore City Hospitals

15 Filed [illegible] 19[illegible] [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17

I HEREBY CERTIFY, That I attended deceased from February 21, 19 29, to March 17, 19 29, that I last saw him alive on March 17, 19 29, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

[redacted]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. L. Wiley, M. D.

19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Md. DATE OF BURIAL Mar. 20, 1929

20 UNDERTAKER Wm. J. Dickens & Son. ADDRESS North & Pa Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44182

BALTIMORE

CERTIFICATE OF DEATH

X 129

REGISTERED NO. **E 44182**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-9 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Friend

(a) RESIDENCE NO. 402 N. Ann St. ST., WARD 9 4

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lozzie Friend

6 DATE OF BIRTH (month, day, and year) Unknown 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Va

PARENTS

10 NAME OF FATHER John Friend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emily ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 HARRISON JONES, M. D. Registrar

MAR 16 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 15, 1929, that I last saw him alive on March 15, 1929 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Contributed

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

3-16-1929 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Peaches Branch Va

DATE OF BURIAL Mch 19 1929

20 UNDERTAKER Wm H. Chase & Son

ADDRESS Broomsher

Cor.—10-10-29—A Co.—100 Bks.

E 44183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20 VE 44183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Md General Hosp

City of Baltimore: (No. 1903 Rosedale St., 15-67 Ward)

2-FULL NAME Jas A. Harker

(a) RESIDENCE NO. 1903 Rosedale St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E.

6 DATE OF BIRTH (month, day, and year) May 17 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Helper in Shipping Dept
(b) General nature of industry, business, or establishment in which employed (or employer) Jno Hug. Masters
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm H. Harker

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Carmichael

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Florence E. Harker
(Address) 1903 Rosedale

Filed MAR 16 1929 H. LAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 14th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY Accident Cellulitis of Scalp
Laceration) yrs. mos. 16 ds.
Laceration of Scalp Fell out of Elevator

18 Where was disease contracted if not at place of death? 509 W. Lombard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular.

(Signed) H. Flaherty, M. D.

Mar 16 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Mar. 18 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Cor.—10-10-29—A Co.—100 Bks.

E 44183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20 VE 44183

1-PLACE OF DEATH Md General Hosp

City of Baltimore: (No. 1903 Rosedale St., 15-67 Ward)

2-FULL NAME Jas A. Harker

(a) RESIDENCE NO. 1903 Rosedale St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E.

6 DATE OF BIRTH (month, day, and year) May 17 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Helper in Shipping Dept
(b) General nature of industry, business, or establishment in which employed (or employer) Jno Hug. Masters
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm H. Harker

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Carmichael

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Florence E. Harker
(Address) 1903 Rosedale

Filed MAR 16 1929 H. LAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 14th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY Accident Cellulitis of Scalp
Laceration) yrs. mos. 16 ds.
Laceration of Scalp Fell out of Elevator

18 Where was disease contracted if not at place of death? 509 W. Lombard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular.

(Signed) H. Flaherty, M. D.

Mar 16 1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Mar. 18 1929

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44184

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 L

CERTIFICATE OF DEATH

E 44184

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Herbert

(a) RESIDENCE NO. 1106 N. Parrish ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Herbert

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Ruben ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Leyles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Records of
(Address) BALTIMORE CITY HOSPITALS

15 Filed APR 1 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1928 to March 13, 1929 that I last saw her alive on March 13, 1929 and that death occurred, on the date stated above, at 6:10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Probably of ovary

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) W. M. Buck M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Monday 9 '29
20 UNDERTAKER Howard & Shipped	ADDRESS 3311 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44185

CERTIFICATE OF DEATH

100-001

E 44185

1—PLACE OF DEATH U. M. H. REGISTERED NO. 11-15

CITY OF BALTIMORE: (No. Union Memorial Hos. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. George E. Dowell

(a) RESIDENCE NO. Hotel Belvedere ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Mc. Donald

6 DATE OF BIRTH (month, day, and year): March 27, 1844

7 AGE: Years 84 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Records

(Address)

15 Filed ..... 19..... C. H. JONES, M. D. Registrar

13 1929 RLP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18-29

17 I HEREBY CERTIFY, That I attended deceased from 3-11, 1929, to 3-18, 1929, that I last saw him alive on 3-17, 1929 and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia.

(duration) yrs. mos. 1. ds.

CONTRIBUTORY (Secondary): Diabetes Enteritis

(duration) yrs. mos. 9. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemy — DATE OF BURIAL: March 19 1929

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

E 44186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1928 - 35

E 4418689 3

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N Gilmor St. 16-23 WARD)

2-FULL NAME Agnes M Sullivan

(a) RESIDENCE No. 1231 N Gilmor St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Sullivan

6 DATE OF BIRTH (month, day, and year): June 25 1895

7 AGE: Years 35 Months 8 Days 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: William Colen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Andrew Sullivan (Address) 1231 N Gilmor St

15 Filed 1 8 1929, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18- 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-3- 1929 to 3-17- 1929, that I last saw her alive on 3-17- 1929, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

endocarditis

Unknown probably (duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + lab. tests

(Signed) Frank [illegible] Saunders, M. D.

3/18/1929 (Address) 1029 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Mar 20 1929

20 UNDERTAKER: Clarence Galbreath — ADDRESS: 864 Kenyon

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44187 **E 44187**

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3044 Abell Ave (St.) 12-50 (Ward)

2-FULL NAME John V. Langan

(a) RESIDENCE NO. 3044 Abell Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Langan

6 DATE OF BIRTH (month, day, and year): Unknown about 1861

7 AGE: Years: About 67 | Months: — | Days: — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Langan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Gavin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Ella Langan

(Address) 3044 Abell Ave

Filed C. HAMPSON JONES, M. D.

Registrar

8 1929 Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18th 1929

17 I HEREBY CERTIFY, That I attended deceased from about 3 mos. ago 19 , to March 18 , 1929.

that I last saw h[illegible] alive on March 18 , 1929.

and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Symptoms about

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) L. T. J. Hemmell, M. D.

March 18, 19 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: 3/21 1929

20 UNDERTAKER: Chas. P. Raine & Son — ADDRESS: 1180 N. Royal Ave

IF NOT PERFECTLY LEGIBLE, it will be returned for correction. Please write plainly. Be sure to give street, number and ward. It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44188

CERTIFICATE OF DEATH

74 E 44188

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lillian Dunn

(a) RESIDENCE NO. 616 Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Dunn

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Dunn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wm M. Dunn

(Address) 1333 N. Caroline St

15 Filed C. HAMPSON JONES, M. D. Registrar

Per Rose

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/29 19

17 I HEREBY CERTIFY, That I attended deceased from 3/18/29, 19 to 3/19/29, 19, that I last saw h e alive on 3/19/29 19, and that death occurred, on the date stated above, at 2 A M m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1/3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 3/20 1929

20 UNDERTAKER Chas. A. Braun & Son ADDRESS 1810 N. Royal Ave

R 18 1929

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44189

CERTIFICATE OF DEATH

11-006

E 44189

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Bentalou ST. 1668 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dawn M. Daniels

(a) RESIDENCE NO. 920 N. Bentalou ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced (or) WIFE of John E. Daniels

6 DATE OF BIRTH (month, day, and year) Dec 1st 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer

(b) General nature of industry, business, or establishment in which employed (or employer) Lord & Taylor

(c) Name of employer Julius Guttman

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Emil Hilsteun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Kow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Lillie Paul

(Address) 1107 N. Bentalou

15 Filed 3-18-1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 29

17 I HEREBY CERTIFY, That I attended deceased from 3/11/29, 19 to 3/16/29, 19 that I last saw h[illegible] alive on 3/16/29, 19 and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows: Pneumonia (Bronchopneumonia) Acute.

CONTRIBUTORY (Secondary) Cardiac Failure (duration) 1 hr mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Hunt M D

3/17/29, 19 (Address) 1712 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	March 19 29
20 UNDERTAKER	ADDRESS
Larry W. Ehlen	1200 W. North Ave

JONES M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 44190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44190

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3215 Carlisle a St. 5-64 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Virginia Rodgers

(a) RESIDENCE. No. 3215 Carlisle a ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) May 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas W. Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md

12 MAIDEN NAME OF MOTHER Mary A Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Rodgers
(Address) 3215 Carlisle a

15 Filed MAR 18 1929

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to March 16, 1929, that I last saw her alive on March 16th, 1929, and that death occurred, on the date stated above, at 8.05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hoff, M. D.

, 19 (Address) 1843 W Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 19 1929

20 UNDERTAKER George J. Smith — ADDRESS 153 Hollins

Keep this important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 44191

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1415 W. Fayette ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Franklin Clabaugh

(a) RESIDENCE NO. 1415 W. Fayette St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank T. Clabaugh

11 BIRTHPLACE OF FATHER (city or town) Carroll County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Weaver

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Maryland

14 Informant Mr. Frank T. Clabaugh
(Address) 1415 W. Fayette St.

15 Filed 18 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1929, to 3-17, 1929, that I last saw him alive on 3-15-, 1929 and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) unknown. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

3-18, 1929 (Address) 1101 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Mar. 20 1929

20 UNDERTAKER Hasel Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44192

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Calhoun ST. 19-29 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Philip Diffenderfer

(a) RESIDENCE NO. 119 S. Calhoun ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel A. Diffenderfer

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	15 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Pattern Maker

(b) General natore of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Bartlett Hayward Co.

9 BIRTHPLACE (city or town) Winchester
(State or country) Virginia

PARENTS

10 NAME OF FATHER John W. Diffenderfer

11 BIRTHPLACE OF FATHER (city or town) Winchester
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Harry

13 BIRTHPLACE OF MOTHER (city or town) Winchester
(State or country) Virginia

14

Informant Mr. John W. Diffenderfer

(Address) 119 S. Calhoun St.

15

Filed MAR 18 1929 19 HARRISON JONES M. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1929

17

I HEREBY CERTIFY, That I attended deceased from Mch 18, 1925, to Mch. 16, 1929, that I last saw h. alive on Mch. 16, 1929 and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Valvular Heart Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. W. Bryant, M. D.

19 (Address) 1324 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Mar. 19 19 29

20 UNDERTAKER Dorsey & Hook

ADDRESS 1003 West Baltimore St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44193

CERTIFICATE OF DEATH

88 **E 44193**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital 16-23 Ward)

2-FULL NAME Charles Leo Dougherty

(a) RESIDENCE NO. 814 Woodward St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2-1906

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	22	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Andrew Dougherty

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret Clooney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md

14 Informant Andrew Dougherty
(Address) 1620 Bell Ave

15 Filed ... 19... J. HARRISON JONES, M.D. Registrar

8 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Myocardial failure

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

3/18. 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL March 20 1929

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1432 Light

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44194 — CERTIFICATE OF DEATH — 31 — **E 44194**

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2637 Hamilton Ave) (WARD) 42-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm W. Richards

(a) RESIDENCE NO. 2637 Hamilton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mammie Richards

6 DATE OF BIRTH (month, day, and year) Feb 7 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mammie Richard

(Address) 2637 Hamilton Ave

Filed 3-18-1929 C. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/29

17 I HEREBY CERTIFY, That I attended deceased from 3/14/29, 19..., to 3-17, 19 29

that I last saw him alive on 3/17 19 29

and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:

Pul. TB

CONTRIBUTORY (Secondary) Genital Tuberculosis (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Frame, M. D.

3/18, 19 29 (Address) 2939 Ave Edison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Frederick Md	March 19 29
20 UNDERTAKER E I Stuffler	ADDRESS 1755 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 44195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 1-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose K Sause

(a) RESIDENCE NO. 3110 Fait Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Sause

6 DATE OF BIRTH (month, day, and year) Aug 11 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER William Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER G. Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Jacob Sause 3110 Fait Ave

Filed 8 1929 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1929

17 I HEREBY CERTIFY, That I attended deceased from 10/3 1928 to 3/17 1929.

that I last saw her alive on 3/17 1929.

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Typical History + X-ray

(Signed) H. H. Gibbs, M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Mearth Co — DATE OF BURIAL: 1929

20 UNDERTAKER: John C. Miller — ADDRESS: 2735 E Alice

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44196

CERTIFICATE OF DEATH

90 **E 44196**

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1410 h. mount ST. 15-21 (WARD)

2—FULL NAME Rachel A. Gross

(a) RESIDENCE NO. 1410 h. mount ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Gross

6 DATE OF BIRTH (month, day, and year): Feb 2, 1887

7 AGE — Years: 42 — Months: 1 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co Md

10 NAME OF FATHER: Joe Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Richard Gross (Address) 1410 N. Mount St

15 18 1929 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-16-29

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 3-16-, 1929, that I last saw h alive on 3-16-, 1929, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarolitis

(duration) yrs. 2 mos 2 2 ds.

CONTRIBUTORY (Secondary): nephritis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Sympt

(Signed) John C. I. Cowley M. D.

. 19 (Address) 1724 h. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlotte Hall St Mary's Co Md

DATE OF BURIAL: Mar 19 1929

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Eutaw Pl

Cor.—1-12-21—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44197

CERTIFICATE OF DEATH.

196 E 44197

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Union Memorial Hospital ST., 3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Forta

(a) RESIDENCE No 421 S. Edmondst ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Forta

6 DATE OF BIRTH (month, day, and year) Nov 7-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer - 40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ryan Construction Co

9 BIRTHPLACE (City or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (City or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Teresa Doraeta

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Italy

14 Informant Irene Forta
(Address) 421 S. Edmondst

15 Filed , 192 HARRISON JONES, M. D. (Registrar)

R 18 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Cause unknown
Contributory
Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Crossen, M. D.
(Coroner.)
3/18 1929 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	March 1929
UNDERTAKER Randall & Keppel	ADDRESS 800 N Eden

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44198

CERTIFICATE OF DEATH

+ 117

E 44198

1—PLACE OF DEATH University Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 14-30 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Stuller

(a) RESIDENCE NO. Linwood Md. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of H. S. Stuller

6 DATE OF BIRTH (month, day, and year) July 5, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34.	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.

PARENTS

10 NAME OF FATHER Edward Hahn,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Gertrude Frankhi...

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant H. S. Stuller. (Address) Westminster Md. R.F.D.

15 Filed ..... 19 ..... Registrar

MAR 19 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19th 29.

17

I HEREBY CERTIFY, That I attended deceased from Mar 19, 1929, to Mar 19, 1929.

that I last saw her alive on Mar 19th, 1929

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

36 hours.
(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis 18 hrs(?)
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Linwood Md.

Did an operation precede death? Yes Date of Mar 19th

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Eg Warner, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Uniontown Luth. Cemetery Westminster Md. DATE OF BURIAL Mar 22 29

20 UNDERTAKER C. M. Nutt, ADDRESS Winfield Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 44199

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Castle ST. 8-17 WARD)

2—FULL NAME August Mihm

(a) RESIDENCE NO. 1737 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 10/64

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookmaker

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Peters Bros.

9 BIRTHPLACE (city or town) (State or country) Wagbers Germany.

PARENTS

10 NAME OF FATHER Gregory Mihm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Josephine Hook Mihm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Leo. Mihm

(Address) 1737 N. Castle St.

15 APR 19 1929 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17/29

17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1929, to Mar 17, 1929, that I last saw h.im alive on Mar 17, 1929 and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Heart Disease (Mitral Insufficiency & Aortic Stenosis)

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Europe

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) E H Johns, M. D.

19 (Address) 110 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 3/21 1929

20 UNDERTAKER: George J. Ruth — ADDRESS: 1130 Hanford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44200

CERTIFICATE OF DEATH

90 **E 44200**

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Harford ave ST.) (WARD) 8-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Scheurich

(a) RESIDENCE NO. 2201 Harford ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrin Scheurich

6 DATE OF BIRTH (month, day, and year) Oct 25/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER August Scheurich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kathrin Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Kathrin Scheurich
(Address) 2201 Harford ave.

15 Filed [illegible], 19 [illegible] Registrar.

MAR 15 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-1929

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 16, 1929.

that I last saw him alive on March 15, 1929

and that death occurred, on the date stated above, at 8.25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John L. Sweeney, M. D.

19 (Address) 1738 Eastern ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery. a a Co	March 20 1929
20 UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Harford av

Spec.—2-29-28—L. F. S.—500 Blks.

E 44201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ E 44201

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital WARD 19-F

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Farace

(a) RESIDENCE NO. 1614 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Farace.

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant.

(b) General nature of industry, business, or establishment in which employed (or employer) 056

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Joseph Farace.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Mary Farace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Josephine Farace.

(Address) 1614 W. Fayette st.

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/29

17

I HEREBY CERTIFY, That I attended deceased from 12/5, 1929, to 3/17, 1929, that I last saw him alive on 3/17, 1929, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic C-V disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of 12/27/28

Was there an autopsy? yes Pneumonia and Peritonitis

What test confirmed diagnosis? Clinical - autopsy

(Signed) Charles E. Hill, M. D.

3/17, 1929 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March. 20 29

20 UNDERTAKER George F. Rust ADDRESS 1735 Harford ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44202

CERTIFICATE OF DEATH

E 44202

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Keswick Road) (13-5K WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Wallin

(a) RESIDENCE NO. 3418 Keswick Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of child.

6 DATE OF BIRTH (month, day, and year) Oct 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6.	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Henry Wallin

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Barbara Eyanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Henry Wallin

(Address) 3418 Keswick Road

15 Filed ..... 19 ..... H. HANSON JONES, M. D. Registrar

MAR 19 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18/29

17

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Mar 18, 1929

that I last saw him alive on Mar 17, 1929

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

septic meningitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ch. otitis media

(duration) yrs 1½ mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

3/18/29 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	March 19 29

20 UNDERTAKER Chenoweth Son ADDRESS 345 Chestnut

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44203

CERTIFICATE OF DEATH

74-001

E 44203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3521 Roland St. (WARD) 13-52

2-FULL NAME Kate E. Shermeri

(a) RESIDENCE NO. 3521 Roland ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John Shermer

6 DATE OF BIRTH (month, day, and year): March 25, 1865

7 AGE: Years 63 Months 11 Days 23 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John George (Address) 3521 Roland Ave

15 Received MAR 19 1929 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 18 1929

17

I HEREBY CERTIFY, That I attended deceased from Mar 16, 1929, to Mar 18, 1929, that I last saw her alive on Mar 18, 1929 and that death occurred, on the date stated above, at 5 30 P m

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Arterio sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward [illegible], M. D.

3/18 1929 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Balto Co

DATE OF BURIAL: March 20 1929

20 UNDERTAKER: Chenoweth & Son

ADDRESS: 3615 Chestnut

Cor.—12-9-25—A Co.—200 Bks.

William Banks

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 44204
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 44204
REGISTERED NO.

22-33

City of BALTIMORE: (No. 720 Grindall Court. St.

2-FULL NAME William Banks, (C)

(a) RESIDENCE NO. 720 Grindall Court. St. Ward
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	49	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Newbyrne N.C.

PARENTS

10 NAME OF FATHER Do not know.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.
12 MAIDEN NAME OF MOTHER Do not know.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Hester Pearson, (C)
(Address) 700 S. Charles St.

15 Filed ... 19... H. Ridgely Jones M. D.
Registrar.
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY
(Secondary)
(duration) ...yrs. ...mos. ...ds.

(Signed) H. M. Reinhardt M. D.
(Coroner)

3/19 19 26 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct. Date of Burial Mar. 19 192

20 UNDERTAKER A. Brecus & Son ADDRESS 1 N. Paca St.

ARTS 1629

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

44205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 ✓ E 44205

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 N. Lexington ST. 14-27 WARD)

2-FULL NAME Celeste Singletary

(a) RESIDENCE No. 1706 N. Lexington ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE Colored
5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 26th 1928

7 AGE — Years — Months 6. Days 21 If LESS than 1 day, hrs. or min. 7 14

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Samuel Singletary
11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina
12 MAIDEN NAME OF MOTHER Anna Lyde
13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Samuel Singletary
(Address) 1706 N. Lexington St

MAR 19 1929

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from Mch. 6, 1929 to Mch 17 1929.
that I last saw her alive on Mch. 16, 1929
and that death occurred, on the date stated above, at 7:15 a. m.
The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) Walter S. Taylor M. D.
3/17, 1929 (Address) 1522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Mch 19th 29

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44206

CERTIFICATE OF DEATH

1925

E 44206
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Provident Hosp (St.) 17-26 (Ward)

2-FULL NAME Alex Blanch.

(a) RESIDENCE NO. 711 Brune St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct 7-1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	21	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Montgomery
(State or country) Ala.

PARENTS

10 NAME OF FATHER Jas Blanch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ala.

12 MAIDEN NAME OF MOTHER Montgomery

13 BIRTHPLACE OF MOTHER (city or town) Ala.
(State or country)

14 Informant Louisa Saunders
(Address) 711 Brune

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 15th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Due to Stab wound of Stomach & Intestines

(duration) yrs. mos. 12 ds.

(Homicide)

Where was disease contracted? If not at place of death? 711 Brune

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. Blank M. D.
(Title and Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/19 1925

20 UNDERTAKER Samuel Wensley

ADDRESS 1[illegible] W. Balto

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 44207

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 Pear ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie N. Johns

(a) RESIDENCE NO. 947 Pear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 15-1912

7 AGE: Years 17 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bucks Co. Md.

PARENTS

10 NAME OF FATHER: Neil Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Clara Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Clara Ratty

(Address): 947 Pear St.

15 Filed APR 9 1929 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16/29

17

I HEREBY CERTIFY, That I attended deceased from Jany 16, 19 29 to Mar 16, 19 29.

that I last saw her alive on Mar 16, 19 29

and that death occurred, on the date stated above, at 11-05 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Mark E. Magruder M. D.

19 29 (Address) 1106 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3/19-29

20 UNDERTAKER: Edmund Remsley — ADDRESS 1132 Pe

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44208

CERTIFICATE OF DEATH.

E 44208

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 603 N. Culham St. (Ward) 16-26

2-FULL NAME Mary E. Keyes

(a) RESIDENCE. No. 603 N. Culham St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: 53 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Herman D. Keyes

15 Filed MAR 19 1929, 19... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Mar 16, 1929

that I last saw h alive on Mar 15, 1929

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

CONTRIBUTORY (Secondary): Rheumatism (duration) mos. yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) W. T. Coleman M. D.

(Address) 703 N. Culham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 3/19 19...

20 UNDERTAKER: Samuel J. Wemsley ADDRESS: 577 N. Bdle

(Fill in all items if possible. See instructions on back of certificates.)

Cor.—12-9-25—A Co.—200 Bks.

E 44209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 44209

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 Filbert St. Curtis Bay St. 25-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Holy.

(a) RESIDENCE NO. 1518 Filbert St. Curtis Bay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed or divorced (or) WIFE of Michael Holy.

6 DATE OF BIRTH (month, day, and year) February 1, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia.

PARENTS

10 NAME OF FATHER John Kocar.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia.

12 MAIDEN NAME OF MOTHER Antonia Houdek.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia.

14 Informant Michael Holy (husband)

(Address) 1518 Filbert St. Curtis Bay.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner)

3/18 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Cross Cemetery Mar 21 1929.

20 UNDERTAKER — ADDRESS

August Pasek 2406 Ashland Ave

very important. See instructions on back of certificate. Last statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44210

CERTIFICATE OF DEATH

11-002

E 44210

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 243 S. Eastle ST., 7-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anthony J. Koch.

(a) RESIDENCE NO. 243 S. Eastle ST., 2 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Koch.

6 DATE OF BIRTH (month, day, and year) Aug. 8 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	77	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adam Koch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Koch, wife

(Address) 243 S. Eastle St.

15 Filed MAR 9 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17/29

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1929 to March 17, 1929

that I last saw him alive on March 16, 1929

and that death occurred, on the date stated above, at 8 99 a. m.

The CAUSE OF DEATH* was as follows:

Grippe

CONTRIBUTORY (Secondary) Acute Myocarditis (duration) yrs. mos. 5 ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

3/17, 1929 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	March 20th 1929
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 4000 E. Monument

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44211
1-PLACE OF DEATH

CERTIFICATE OF DEATH

113 E 44211

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 1627 Thomas Ave. St., 15-68 Ward

2-FULL NAME Margaret E. Miller.

(a) RESIDENCE NO. 1627 Thomas Ave. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or race: White

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: No.

6 DATE OF BIRTH (month, day and year): Dec 28-1928

7 AGE — Years | Months: 2 | Days: 21 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Wm L. Miller

11 BIRTHPLACE OF FATHER (city or town): Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER: Pearl Shook

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country) Md

14 Informant: Wm L. Miller
(Address) 1627 Thomas Ave

15 Filed ....., 19.. C. HAMPSON JONES, M. D.
Registrar

MAR 19 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Enteritis

(duration) yrs. mos. One da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) [illegible] M. D.

(Address) March 19 1929 Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 20 1929

20 UNDERTAKER: Harry J. Wittle — ADDRESS: 530 W. Lombard

21

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44212 HEALTH DEPARTMENT—CITY OF BALTIMORE 155 E 44212

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto. Gen. Hosp. ST. Val WARD) REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Eva Viola Knell

(a) RESIDENCE NO. 1330 Glyndon Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Knell

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace E. Merson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..., 19... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/29

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1929, to 3/15, 1929

that I last saw h[illegible] alive on 3/15, 1929

and that death occurred, on the date stated above, at 8 55 p. m.

The CAUSE OF DEATH* was as follows:

Acute Infectious Arthritis
L. knee Complicated by
Osteomyelitis L. femur.

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? 1330 Glyndon Ave

Did an operation precede death? Yes Date of 3/2/29, 3/11/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Seford Ascher, M. D.

3/16, 1929 (Address) So Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Feb. 19 1929

20 UNDERTAKER	ADDRESS
Nancy N. Witzke,	531 W. Lombard St.

Cor.—10-10-29—A Co.—100 Bks.

E 44213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44213

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 9-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily L. Hunt

(a) RESIDENCE NO. 1401 Old Harford Road, St. Parkville Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4/1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	22	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Orleans,
(State or country) Vermont

PARENTS

10 NAME OF FATHER Van A. Hunt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Vermont

12 MAIDEN NAME OF MOTHER Nanna Tripp

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dover, New Hampshir

14 Informant Nanna Hunt
(Address) 1401 Old Harford Rd

Filed MAR 19 1929 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in Rt. Temple
March 9/29 Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Mch 17/29

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/19/29 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Mar 20, 1929
20 UNDERTAKER	ADDRESS
Frederick Lazarus & Son	Fallston

Or DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44214

CERTIFICATE OF DEATH

122-002

E 44214

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie M. Pittinger

(a) RESIDENCE NO. 2813 Huntingdon Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Pittinger

6 DATE OF BIRTH (month, day, and year) July 8-1881 Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Charles A Railing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mollie Roaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Records of BALTIMORE CITY HOSPITALS (Address)

15 Filed MAR 19 1929 C. HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 13, 1929, to March 17, 1929, that I last saw her alive on March 17, 1929, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Autopsy

(Signed) H Barkley C. M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Baltimore	March 20 1929

20 UNDERTAKER Horace H. Burgee ADDRESS 403 Fallo Road

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44215

CERTIFICATE OF DEATH.

188-103

E 44215

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E Fisher

(a) RESIDENCE NO. 1400 St Martin Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas E Fisher

6 DATE OF BIRTH (month, day, and year) May 5 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	32	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER Jas. Brookfield

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Bitzel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Jas. E. Fisher

(Address) 1400 St Martin Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18-3/19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile Accident

Fractured Skull

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas H Bruce M. D.

(Coroner) 3/18, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Mar. 19 1925

20 UNDERTAKER George L. Schwartz ADDRESS 1101 Eutaw Ave

very important. See instructions on back of certificate. EXACT STATEMENT OF OCCUPATION is

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44216

CERTIFICATE OF DEATH.

101-001

E 44216

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Morland Av St.) 15-68 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Fruhling

(Residence in Baltimore: No. 1707 Morland Av St.; 45 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 12 (Day), 1859 (Year)

7-AGE, 70 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Moses Fruhling

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ethel ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Fruhling

(Address) 1707 Morland Av

15-

Filed....., 191.....

H. G. HAMPSON, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1929 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1929, to March 18 1929, that I saw h'm alive on March 18 1929, and that death occurred, on the date stated above, at 12 40 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. 6 mos. ds.

(Signed) B. Kadzin M. D.

....., 191... (Address) 2306 Eastern Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Johns Work Road

DATE OF BURIAL. 3-19-..., 1929

20-UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balt.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

See E 44217

E 44217

129 E 44217

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 3002 Oakley Ave ST. 27-5 WARD)

2—FULL NAME Sarah Braunstein

(a) RESIDENCE NO. 3002 Oakley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Braunstein

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Komadant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/29

17

I HEREBY CERTIFY, That I attended deceased from 3/10 19 26 to 3/18 19 29

that I last saw h alive on 3/15 19 29

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis + Hypertension (duration) Chronic yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine + + +

(Signed) David Braunstein M. D.

3/18 19 29 (Address) 122 N Dee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mortimer Circle Cem DATE OF BURIAL 3/19 19

UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44218

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 44218

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1609 Mosland Ave. ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nathan Kahn

(a) RESIDENCE NO. 1609 Mosland Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kahn

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Box Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E Baltimore st

Filed MAR 19 1929 HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to March 18, 1929, that I last saw him alive on Mar 18, 1929, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) I. H. Hornstein, M. D.

3/19, 1929 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaw Rosedale — DATE OF BURIAL 3-19-1929

UNDERTAKER Jos. Lewis — ADDRESS 1439 E Balto st

Spec.—2-29-28—L. F. S.—500 Bks.

E 44219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓ E 44219

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 12-50 (WARD)

(Frederick)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fred C. Lindert

(a) RESIDENCE NO. 18 E. 22nd ST., WARD Cranford N.J.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U. S., If foreign birth? 47 yrs. 9 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Leondra Lindert

6 DATE OF BIRTH (month, day, and year) June 16 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Anchor Post Fence Co " " " "

9 BIRTHPLACE (city or town) New York N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Henry Lindert

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Linda Seiler

13 BIRTHPLACE OF MOTHER (city or town) ??
(State or country) Indiana

14 Informant Mrs Leanora Lindert (wife)

(Address) Cranford N.J.

Filed MAR 19 1929 C. HAMPSON JONES Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1929

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1929, to March 18, 1929,

that I last saw him alive on March 18, 1929

and that death occurred, on the date stated above, at 1 30 Am.

The CAUSE OF DEATH* was as follows:

Confluent lobular pneumonia following an attack of influenza.

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) W. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooklyn N.Y.	Mar 20 1929

20 UNDERTAKER Stewart Mortuary Co ADDRESS Balto.

Spec.—2-29-28—L. F. S.—500 Blks.

1917 Edmondson Ave
Dr Lucas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44220

CERTIFICATE OF DEATH

129

E 44220

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 250 Emerson ST. W-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude H. Kuhlmann

(a) RESIDENCE NO. 250 Emerson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. 14 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Walter J. Kuhlmann

6 DATE OF BIRTH (month, day, and year): Mar 3rd 1892

7 AGE: Years 37 | Months — | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Henry Hafer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Lotus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Walter J. Kuhlmann

(Address) 250 Emerson St

15 Filed APR 19 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1st 1929

17 I HEREBY CERTIFY, That I attended deceased from Mch 1, 19 29 to 3/17/29, 19 ,

that I last saw h alive on 3/17/29, 19 ,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Allen Hosken, M. D.

3/19/29 (Address) 1717 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 20, 1929

20 UNDERTAKER: F. B. Wright — ADDRESS: 850 N. Bello Le

Spec.—2-29-28—L. F. S.—500 Bks.

E 44221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 E 44221

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 70-72 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Kratz

(a) RESIDENCE NO. 527 Park Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) March 16 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Frederick Kratz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kratz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records

(Address)

15 Filed APR 19 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-29

17 I HEREBY CERTIFY, That I attended deceased from 1-31, 19 29, to 3-17, 19 29, that I last saw h in alive on 3-17, 19 29, and that death occurred, on the date stated above, at 11.60 P. m.

The CAUSE OF DEATH* was as follows:

Ulceration Colitis

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 19 29

20 UNDERTAKER ADDRESS

E. D. Pugsley 850 N. Eutaw St

Spec.—7-17-26—A Co.—200 Bks.

E 44222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44222

CERTIFICATE OF DEATH

101-001

1-PLACE OF DEATH

REGISTERED NO. 15-63

City of BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Dolle

(a) RESIDENCE NO. 4300 Garrison Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lena Dolle

6 DATE OF BIRTH (month, day, and year) 17 Nov 1899

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	29	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) American Brake Shoe

(c) Name of employer 047

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Dolle

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Lena Dolle

(Address) 4300 Garrison Ave.

C. HAMPSON JONES, M.

15 Filed MAR 19 1929 19 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/29 19

17 I HEREBY CERTIFY, That I attended deceased from 3/17/29 19 to 3/17/29 19

that I last saw him alive on 3/17/29 19

and that death occurred, on the date stated above, at 7.35 P.M. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial March 20 1929

20 UNDERTAKER Frank V. Lipscombe — ADDRESS 2818 E. Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 44223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44223

45

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 11 Mercy Hospital St. W. Ryland Ward) 14-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Estella Brown Ryland

(a) RESIDENCE NO. 2129 Denison St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. – mos. – ds. How long in U. S. if of foreign birth? – yrs. – mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year): June 16, 1891

7 AGE: Years 37 Months 3 Days 2

IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): Office

(c) Name of employer

9 BIRTHPLACE (city or town): Cumberland

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Andrew P. Ryland

11 BIRTHPLACE OF FATHER (City or town): Cumberland

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Estella Brown

13 BIRTHPLACE OF MOTHER (city or town): Cumberland

(State or country): Maryland

14 Informant: Mrs. Estella B. Ryland

(Address): 2129 Denison Street

15 MAR 19 1929 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17/29

17 I HEREBY CERTIFY, That I attended deceased from 3/10/29, 19.., to 3/17/29, 19..,

that I last saw her alive on 3/17/29, 19..,

and that death occurred, on the date stated above, at 11.55 P.M.

The CAUSE OF DEATH* was as follows:

1 Carcinoma of Cervix

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? yes Date of 3/11/29

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. S. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland, Maryland

Date of Burial: 3/20 19 29

20 UNDERTAKER: Courtney W. Meates & Son

ADDRESS: 125 N. Centre St

Via B. & O. Railroad Escort – Mrs. Estella B. Ryland

Be exact in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44224

CERTIFICATE OF DEATH

11-001 E 44224

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Darley Ave ST., (WARD) 9-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara M. Oberle

(a) RESIDENCE NO. 1418 Darley Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 5 ds. How long in U. S., if foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed or divorced (or) WIFE of ~~HUSBAND of~~ Frank J. Oberle

6 DATE OF BIRTH (month, day, and year) Nov. 11 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Benedict J. Grandy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schering

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frank J. Oberle

(Address) 1418 Darley Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Mch. 12, 19 29, to Mch 16, 19 29

that I last saw h er alive on Mch 16, 19 29

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia. 4 days.
Broncho Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. 3 days ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas. F. Simms, M. D.

3/17, 19 29 (Address) 2878 Reford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 20 1929
20 UNDERTAKER	ADDRESS
Henry Hoede Sons, Inc.	1301 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

Bernard,

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44225

CERTIFICATE OF DEATH.

E 44225

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W Hoffman St. 1724 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Bernard

(a) RESIDENCE NO. 704 W Hoffman ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Bernard

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tuba

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Bernard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Adelia Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Viola Bernard
(Address) 704 W Hoffman St

15 Filed MAR 19 1929 19 ... Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/1929

17 I HEREBY CERTIFY, That I attended deceased from 10/9/26, 19 16, to 3/16/29, 19 29, that I last saw h alive on 3/14/29, 19 29, and that death occurred, on the date stated above, at 7:30 P, m.

The CAUSE OF DEATH* was as follows:

Progressive Cerebral Hemorrhage

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Work on Lungs, (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 308 Bickley

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Ellis, M. D.

19 29 (Address) 908 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mch 19 1929
20 UNDERTAKER Sam'l H. Chase & Son	ADDRESS 1400 Mosher

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44226

CERTIFICATE OF DEATH

100-001

E 44226

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 405 N. Gilmor St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Chester

(a) RESIDENCE NO. 405 N. Gilmor St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Chester

6 DATE OF BIRTH (month, day, and year): Nov 1894

7 AGE: Years 34 Months 4 Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Chemical Co

(c) Name of employer: Davis Chemical Co.

9 BIRTHPLACE (city or town) Dorchester Co., (State or country) Md

PARENTS

10 NAME OF FATHER: Thos. H. Chester

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katie Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm. T. Chester

(Address): 405 N. Gilmor

15 Filed ..... 19 .....

MAR 13 1929 [illegible] JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Mar 18th 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 16th 1929 to Mar 18th 1929.

that I last saw him alive on Mar 18th 1929.

and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Chemical)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart.

(duration) yrs. mos. ds. 1½ hr

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) [illegible] M. D.

. 19 (Address) 11 E. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md — Date of Burial: Mch 19 1929

20 UNDERTAKER: Sam'l H. Chase — ADDRESS: 1400 McCulloh

very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 44227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88 E 44227

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2408 Poesbury St. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Kushner

(a) RESIDENCE. NO. 2408 Poesbury ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 16 yrs 0 mos 0 ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Kushner.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework,

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Yahuda Sapolsky,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Jack Lewis (Address) 1429 E. Baltimore St

15 Filed 19 Registrar

MAR 19 1929 H. Feldhorse, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1929.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12. 1928. to March. 19. 1929.

that I last saw h alive on March. 18. 1929.

and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Examination.

(Signed) Chas Kreutzdt M. D.

3/19 1929 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Sholom 3/19/29

20 UNDERTAKER Jack Lewis ADDRESS 1429 E Baltimore St

THIS IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44228 | E 44228

CERTIFICATE OF DEATH

118-902

1—PLACE OF DEATH — REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 2227 Eutaw Place ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME. Blanche Allison

(a) RESIDENCE NO. 2227 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: w

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Allison

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 75 — Months: — — Days: — — If LESS than 1 day, ...hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Meyer Schwartz

(Address) 2227 Eutaw Place

15 Filed MAR 19 1929 H. L. JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/18/29

17 I HEREBY CERTIFY, That I attended deceased from 6/5, 1923, to 3/18/, 1929, that I last saw h[er] alive on 3/18/, 1929 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction,
* Pulmonary Edema

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myrcandelis, Arsenic Poisoning (duration) 5 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theodore H. Morrison, M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery | DATE OF BURIAL: 3-19-1929

20 UNDERTAKER: Jacob Lewis, 1429 | ADDRESS: Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44229

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-09

E 44229

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) 1514 Lewis ST., (WARD) 5-8

2—FULL NAME Merrill Sylvester Foster

(a) RESIDENCE NO. 149 East 17 (Low) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rufus Reynolds

(Address)

15 Filed ..... 19 ..... Registrar

REGISTERED MAR 19 1929 BALTIMORE MD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to March 15, 1929, that I last saw h / [illegible] alive on March 15, 1929, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum X Ray

(Signed) Bernard Harris M. D.

3/17, 1929 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakeview. DATE OF BURIAL 3/19/29

20 UNDERTAKER G. W. J. Ruth, Wm. ADDRESS 1735 Hayford

Spec.—2-29-28—L. F. S.—500 Bks.

E 44230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44230

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Mason

(a) RESIDENCE NO. 18 S Calles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of May Mason

6 DATE OF BIRTH (month, day, and year) 4/1 1881

7 AGE Years 47 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eufaula Alabama

10 NAME OF FATHER Gilbert Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

PARENTS

14 Informant Hospital Records

(Address)

Filed MAR 19 1929 LAWSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/29

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 19 29, to 5/15, 19 29, that I last saw h alive on 5/15, 19 29 and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Emphysema

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 3/16/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. M. Hitch M. D.

, 19 (Address) Balto City Jail

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 3/19/29

20 UNDERTAKER George F Ruth

ADDRESS 1335 Hanford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 E 44231

E 44231

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 719 Fremley ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida M. Ebler.

(a) RESIDENCE NO. 719 Fremley ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Henry Ebler.

6 DATE OF BIRTH (month, day, and year): March 22nd 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

10 NAME OF FATHER: John McNeal.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Mary Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Informant: Mr. John F. Howes.

(Address) 719 Fremley St.

Filed APR 19 1929 H. Howard Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16th 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1929. to March 16. 1929.

that I last saw h— alive on March 16. 1929

and that death occurred, on the date stated above, at 4. 15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) , M. D.

3/19, 1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Mar 20th 1929.
20 UNDERTAKER	ADDRESS
John F. Howes & Son.	907 Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 44232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 44232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 8-17 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth M Hayden

(a) RESIDENCE NO. 1219 N. Milton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Samuel J Hayden

6 DATE OF BIRTH (month, day, and year): August 12 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chambersburg Pa

PARENTS

10 NAME OF FATHER: Jacob Scheuring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Hormuny

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Horace K Hayden (Address) 736 Pennsylvania ave Balto Md

15 Date: 1 9 1929 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-13 1927 to 3-18 1929

that I last saw h alive on Mar 16 1929

and that death occurred, on the date stated above, at 4 00 P.m.

The CAUSE OF DEATH* was as follows:

Acute Lymphadenitis (rect) abscess of right arm.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary): acute Nephritis Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no yes Date of 3/13, 3/15/29

Was there an autopsy?

What test confirmed diagnosis? Negation.

(Signed) [illegible] M. D.

1929 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chambersburg Pa

DATE OF BURIAL: Mar 21 1929

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 [illegible]

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44233

CERTIFICATE OF DEATH

11-001

E 44233

REGISTERED NO. 47-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5023 (ST.) Roland ave (WARD)

2—FULL NAME Katherine Durkin

(a) RESIDENCE NO. 5023 Roland ave (Usual place of abode) WARD

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Martin Durkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Doran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Helen Gardiff

(Address) 5023 Roland ave

15 Filed 19 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 17-29

17 I HEREBY CERTIFY, That I attended deceased from Mar-13, 1929, to Mar. 17, 1929, that I last saw her alive on Mar. 16, 1929 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Influenza and Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical signs

(Signed) M. J. Tobin, M. D.

3/18, 1929. (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jewish Cathedral Cem — DATE OF BURIAL: 3/20/1929

20 UNDERTAKER: J. J. Moran — ADDRESS: 3900 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44234

CERTIFICATE OF DEATH.

E 44234

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 Ward)

2-FULL NAME James Ferguson

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address)

15 Filed 1929 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
& Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D.
(Coroner)

2/15, 1929 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Deputy Commissioner of Health

MAR 19 1929

THE MORGAN

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44235

CERTIFICATE OF DEATH.

E 44235

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 708 S. Charles St. 22-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Clark. (C)

(a) RESIDENCE NO. 708 S. Charles St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant George Brown. (C)

(Address) 708 S. Charles St.

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Signed: [illegible] M. D.

(Coroner)

8/18, 1929 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND Date of Burial: MAR 19 1929

20 UNDERTAKER C. HANSON JONES, M. D. ADDRESS

THE MORGUE

Commissioner of Health

very important. See instructions on back of certificate. Exact statement of OCCUPATIONS is

Spec.—2-29-28—L. F. S.—500 Bks.

E 44236

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 44236

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ella Lewis

(a) RESIDENCE NO. 214 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Edward Lewis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Clark

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Records of
(Address) BALTIMORE CITY HOSPITALS

Filed [illegible], 19 [illegible] Registrar

191929 3395

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926 to March 13, 1929

that I last saw her alive on March 13, 1929

and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis - fever

(duration) (?) yrs. mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Lab

(Signed) [illegible] M. D.

[redacted], 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cresbury Cem DATE OF BURIAL 3/15/29 19

20 UNDERTAKER [illegible] ADDRESS [illegible]

[illegible] Commissioner of Health

C. HAMPSON JONES, M. D.

MAR 15 1929

Chas A. Johnson 4126 Carlton

Spec.—2-29-28—L. F. S.—500 Bks.

E 44237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44237

CERTIFICATE OF DEATH

33

1—PLACE OF DEATH Provident Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Division ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Arrington

(a) RESIDENCE NO. 1313 Malberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 2 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant

(Address)

15 Filed 1929 396

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to March 18, 1929

that I last saw her alive on March 18, 1929

and that death occurred, on the date stated above, at 1:05 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) [illegible], M. D.

3/[illegible]/29 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means And Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: [illegible]

Per Wm. E. Woodall

ADDRESS

[illegible] 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 44238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-001 E 44238

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST., 28-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fred. Eilers (or Irlers)

(a) RESIDENCE NO. Mount Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jailer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (?) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Probably Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Probably Germany

14 Informant Records of Mt. Hope Retreat

(Address) Mt Hope Md.

15 Filed ..., 19 1929 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1929

17

I HEREBY CERTIFY, That I attended deceased from May 1890, to March 19-, 1929, that I last saw him alive on March 18th, 1929 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

abt 48 hours

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Paranoid Psychosis

abt (duration) 45 yrs 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

March 19, 1929 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 3/20/1929

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44239

CERTIFICATE OF DEATH.

109-802

E 44239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Inf. St. 17-50 Ward)

2-FULL NAME Margaret Browne

(a) RESIDENCE NO. 2233 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 27-1897

7 AGE: Years 31 | Months 10 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Ohio

(c) Name of employer: Railroad Co

9 BIRTHPLACE (city or town)

(State or country): York Penna

PARENTS

10 NAME OF FATHER: Wm H. Browne

11 BIRTHPLACE OF FATHER (city or town)

(State or country): York Pa

12 MAIDEN NAME OF MOTHER: Emma L Browne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): York Penna

14 Informant: H. Sleeger Son

(Address): York Penna

15 Filed ..... 19..... C. HARRISON JONES, M. D., Registrar

By .....

1 9 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1929 19

17 I HEREBY CERTIFY, That I attended deceased from March 11 1929, to March 19, 1929, that I last saw her alive on March 19, 1929, and that death occurred, on the date stated above, at 10 4 a.m.

The CAUSE OF DEATH* was as follows:

Mercular stenosis

Empyema of Lungs

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Culture

(Signed) Vernon K. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Prospect Hill York Pa — Date of Burial 3/19 19 29

20 UNDERTAKER: William Cook — ADDRESS 1215 St Paul

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 44240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44240

91-082

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6206 Eastern Avenue St. Ward)

2-FULL NAME SUSAN C. VanMETER

(a) RESIDENCE NO. 6206 Eastern Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob VanMeter

6 DATE OF BIRTH (month, day, and year) June 19, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg

(State or country) West Virginia

PARENTS

10 NAME OF FATHER Harrison Bradshaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mr. William VanMeter (Son)

(Address) 6206 Eastern Ave.

C. HANSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

Duration yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Mar. 19, 1929

20 UNDERTAKER Henry Sander & Sons. Inc. — ADDRESS BALTIMORE ST. & BROADWAY.

1929

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44241

CERTIFICATE OF DEATH.

99-9-01

E 44241

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 17 E. Ostend St. 23-31 Ward)

2-FULL NAME John Rithmiller.

(a) RESIDENCE NO. 17 E. Ostend St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of (or WIFE of) Caroline Rithmiller.

6 DATE OF BIRTH (month, day, and year) September 17, 1855.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Rithmiller.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Amelia Kern.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Caroline Rithmiller. (wife)

(Address) 17 E. Ostend St.

15 Filed C. HARRISON JONES M. D. Registrar

91929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Bronchitis.
Acute dilatation of the Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner)

3/18 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial 3/20 1929

20 UNDERTAKER L. Few McCully ADDRESS 130 E. Fort

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44242

CERTIFICATE OF DEATH.

E 44242

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2823 Parkwood Ave (STREET) (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Hamilton

(a) RESIDENCE No 2823 Parkwood Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willie L Hamilton

6 DATE OF BIRTH (month, day, and year): 8/17/1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Interior Decorator

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reisterstown Md

PARENTS

10 NAME OF FATHER: Marvin Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bullo Md.

12 MAIDEN NAME OF MOTHER: Mary Ann Basemore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Reisterstown Md.

14 Informant: Mrs Willie Hamilton

(Address) 2823 Parkwood Ave

15 Filed . 19 C. HARRISON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 1928 to March 1929

that I last saw him alive on March 14. 1929

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion yr

August 1928 (duration) Sun aug 1928 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Jones M. D.

3-19. 1929 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	3/20/29

20 UNDERTAKER: Wm. Gawthrop ADDRESS 1837 Raynor Ave

TION is very important. See instructions on back of certificates.

91929

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44243

CERTIFICATE OF DEATH

X 38

E 44243

1-PLACE OF DEATH

REGISTERED NO. 14-59

City of BALTIMORE: (No.) 2239 Brunt St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sula Smith Pettus

(a) RESIDENCE NO. 2239 Brunt St. Ward Richmond, Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 9-15-1895

7 AGE: Years 33 Months 6 Days 2

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Richmond Va

(State or country)

PARENTS

10 NAME OF FATHER: George Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Rose Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Rose Smith

(Address) 2239 Brunt St.

15 Filed 1 9 1929

C. HARRISON JONES, M. D. Registrar

Per Rett

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-17- 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-8- 1929 to 3-17- 1929

that I last saw h alive on 3-17- 1929

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos.

CONTRIBUTORY (Secondary): Senesitis (Syphilitic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George [illegible] M. D.

. 19 (Address) 816 N. Mo[illegible] St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Mar. 20 1929

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 130 Dessman St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44244

CERTIFICATE OF DEATH

90 ✓ E 44244

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE? (No. 5 ST. 14-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Pfeifer

(a) RESIDENCE NO. 1305 W. North Ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Pfeifer

6 DATE OF BIRTH (month, day, and year) May 13, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Pattison 066

(c) Name of employer Auctioneer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Records

(Address)

15 Filed 2 01929 C. H. [illegible] Registrar

BALTIMORE CITY HOSPITALS

C. H. [illegible] JONES M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-29

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 1929, to 3-18, 1929, that I last saw him alive on 3-18, 1929, and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Chronic myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. H. Mark, M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Mar 20. 1929.
20 UNDERTAKER Mrs. & Mrs. J. W. Teufel & Son	ADDRESS 501 N. Fayette

Cor.—10-10-29—A Co.—100 Bks.

E 44245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 44245

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St. 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Brown

(a) RESIDENCE NO. 405 N. Caroline St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	B	S

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Brown

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mary Taylor
(Address) 405 N. Caroline St

15 Filed 3/19 1929 C. Hampton Jones M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10/29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. [illegible] Cullen, M. D.

3/19/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Asbury cemetery	March 21, 29
20 UNDERTAKER Edward Bryan	ADDRESS 631 orleans st

important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44246
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

11-001

E 44246
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1007 W Lanvale (St.) (Ward)

2-FULL NAME Ella Lessons

(a) RESIDENCE. No. 1007 W Lanvale St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Albany
(State or country) N. Y.

PARENTS

10 NAME OF FATHER Jefferson Wells
11 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)
12 MAIDEN NAME OF MOTHER Hanah J. Boyd
13 BIRTHPLACE OF MOTHER (city or town) Iron Valley N. J.
(State or country)

14 Informant Frances Walker
(Address) 1007 W. Lanvale St.

15 Filed . 19—

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18- 1929

17
I HEREBY CERTIFY, That I attended deceased from Mch 1, 1929, to March 18 1929
that I last saw her alive on March 18, 1929
and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. R. Jarrett, M. D.
(Address) 117 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Mar 21 1929

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 N Carey

MAR 20 1929

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 44247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44247

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 74-001

CITY OF BALTIMORE: (No. 1706 Trappe Road ST., 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katarzyna Kowalewska

(a) RESIDENCE NO. 1706 Trappe Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Marcin Kowalewski

6 DATE OF BIRTH (month, day, and year) Dec-28-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Fiberski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosa Ratajczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Marcin Kowalewski

(Address) 1706 Trappe Road

15 Filed MAR 20 1929 H. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-29

17 I HEREBY CERTIFY, That I attended deceased from March 7-29, to March 18-29,

that I last saw h[illegible] alive on March 18, 19 29

and that death occurred, on the date stated above, at 8-P- m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isabel A Bitting, M. D.

March 19, 29 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	March 21 19 29
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Arm[illegible] st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44248

CERTIFICATE OF DEATH.

E 44248

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Old York Rd. ST. 41 WARD)

2-FULL NAME John Deise

(a) RESIDENCE No. 3626 Old York Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret A. Sophia Deise

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER John Deise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kress

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Sophia Deise

(Address) 3626 Old York Rd.

15 Filed MAR 20 1929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-1929

17

I HEREBY CERTIFY, That I attended deceased from 6/21/28 19 , to 3-18- 1929.

that I last saw him alive on 3-15- 1929

and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis + Hypertension

Chr. Myocarditis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

30 min. (duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Evidence

(Signed) Jno. B. Hyett, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 3/21/29

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44249

CERTIFICATE OF DEATH

164

E 44249

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2—FULL NAME Amelia Lambert

(a) RESIDENCE NO. 522 N. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Edw. Lambert

6 DATE OF BIRTH (month, day, and year) Unknown Oct 24 / 58

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer at Home

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER ? Keller

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Records of BALTIMORE CITY HOSPITALS

(Address)

15 Date received MAR 20 1929 HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 13, 29, to March 13, 29,

that I last saw her alive on March 13, 29

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Mar 24 1929

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 44250

1-~~PLACE OF DEATH~~ E 44250

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 2419 W. North St. 15-60 (WARD)

2-FULL NAME William F. Miller

(a) RESIDENCE. No. 2419 W North St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Miller

6 DATE OF BIRTH (month, day, and year) Jan 7 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Jane Miller (Address) 2419 W North

15 Filed ..... 19 ..... Registrar

MAR 20 1929 HARRY M. JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 16, 1929, to Mar 19, 1929, that I last saw h[illegible] alive on Mar 18, 1929, and that death occurred, on the date stated above, at 5 2 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. H. Bland, M. D.

Mar. 19 29 (Address) 210 S Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Mar 21 1929

20 UNDERTAKER W M Rowton

ADDRESS 223 W North

Make all entries legibly. Important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44251

74-001

E 44251
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 18-16 Ward)

2-FULL NAME Ruben Katz

(a) RESIDENCE NO. 728 W. Baltimore St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Katz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer) 0.36
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Calmeen Katz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Balto St.

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers M. D.

3/9. 1929. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Memorial Park — DATE OF BURIAL 3-20-29

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto

important. See instructions on back of certificate.

MAR 20 1929

Spec.—2-29-28—L. F. S.—500 Bks.

Hahn

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44252 (PLACE OF DEATH)

E 44252 (REGISTERED NO.)

CITY OF BALTIMORE: (No. 1[illegible] E Baltimore ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Matilda Hahn

(a) RESIDENCE NO. 540 S Pulaski ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 15 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Philip Haas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Barbara Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lulu E Eschbach

(Address) 540 S Pulaski St

15 Filed MAR 20 1929 JOHN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/29

17 I HEREBY CERTIFY, That I attended deceased from 12/3/28 to 3/18/29

that I last saw her alive on 3/18/29

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Cancer of Urinary Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Hitch, M. D.

19 (Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 21 1929
20 UNDERTAKER Charles H Kechner	ADDRESS 153 N Gilmor St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44253 E 44253

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5017 Roland Ave ST. (WARD) 27-53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Henrietta Fenno

(a) RESIDENCE No. 5017 Roland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C Fenno

6 DATE OF BIRTH (month, day, and year) June 28 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	84	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER G.H.P. Huckleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline N. Bogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henrietta C. Fenno

(Address) 5017 Roland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 19 29

17

I HEREBY CERTIFY, That I attended deceased from March 17, 19 29, to March 19, 19 29.

that I last saw h[illegible] alive on March 19, 19 29.

and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stallman F. Stallman, M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

London Park Cem Co Mch 22 19 29

20 UNDERTAKER — ADDRESS

Chas. E. Franck 502 Madison Ave

MAR 20 1929

FION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Maxie L Jones Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44254

CERTIFICATE OF DEATH

100-001

E 44254

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 E. Monument ST. 10-14 WARD)

2—FULL NAME Maxie Leon Jones, Jr.

(a) RESIDENCE NO. 1018 E. Monument ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31. 1917

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	12	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savannah Georgia

PARENTS

10 NAME OF FATHER Maxie L. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gastron Ala

12 MAIDEN NAME OF MOTHER Margaret Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gaston Ala

14 Informant John. Gaddy

(Address) 1101 E. Monument

15 Filed MAR 20 1929 C. HAMILTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18. 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12. 1929. to Mar 18. 1929.

that I last saw h alive on Mar 18. 1929

and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Phys. Exam

What test confirmed diagnosis?

(Signed) Wm. L. Loy Berry, M. D.

. 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Mar 20 1929

20 UNDERTAKER Mrs. Ida Saunders ADDRESS 1723 Eastern Ave

Cor. 10-1 [illegible] 100 Bks.

E 44255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44255

CERTIFICATE OF DEATH

REGISTERED NO. 112

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1119 W. Lanvale St., (Ward) 16-23

2-FULL NAME Ernest L. Williams

(a) RESIDENCE NO. 1119 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.
(State or country) "

PARENTS

10 NAME OF FATHER Robt Jr S. Williams

11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country) "

12 MAIDEN NAME OF MOTHER Anna Logan

13 BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or country) "

14 Informant Saml Williams
(Address) Balto Co. Md.

Filed APR 20 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Indigestion
(duration) few hours
CONTRIBUTORY (Secondary) Error of diet
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulars

(Signed) H. Leland Mackenzie, M. D.
1929 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: March 30 1929

20 UNDERTAKER: Samuel T Hemsley — ADDRESS: 578 W Baltimore

DF

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 44256

E 44256
1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 107 W. 29th St. ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harrison T. Beacham

(a) RESIDENCE NO. 107 W. 29th ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Swan Harvey Beacham

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.,
(State or country) Md.

PARENTS

10 NAME OF FATHER John S. Beacham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Flannigan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14
Informant Franklin W. Day
(Address) 107 W. 29th St.

15
Filed MAR 20 1929, HARRISON JONES, Registrar
per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-29

17
I HEREBY CERTIFY, That I attended deceased from Mar 12th, 1929, to Mar 18th, 1929, that I last saw him alive on Mar 18th, 1929 and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 7 days

CONTRIBUTORY (Secondary) Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Edmunds M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Mar. 20, 1929
20 UNDERTAKER John O. Mitchell & Sons,	ADDRESS 1900 Eutaw Pl.

M. B. Mitchell

Spec.—1-12-23—M&T—500 Blks.

E 44257 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-002 E 44257

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Edmondson av. (St.) 14-26 (WARD)

2-FULL NAME Viola Smith.

(a) RESIDENCE No. 1315 Edmondson av. (St.) ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): May 29 1902

7 AGE: 26 Years 27 | Months 9 | Days 18 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Katie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Helen Beck
(Address): 1315 Edmondson ave

15 Filed MAR 20 1929, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/18 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Mar. 18, 1929.

that I last saw h[illegible] alive on Mar. 18, 1929.

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) abut yrs. mos 40 ds.

CONTRIBUTORY (Secondary) La grippe

(duration) 0 yrs. mos 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) C. H. Pigott, M. D.

3/19 1929 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: 3-21 1929

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Mount St

[illegible] JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44258 — 31 — E 44258

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1313 S. Clinton ST. 76-1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob E. White

(a) RESIDENCE NO. 1313 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie T. White

6 DATE OF BIRTH (month, day, and year) Feb 15-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md

12 MAIDEN NAME OF MOTHER Mary E. Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Annie T. White

(Address) 1313 S. Clinton St

15 Filed MAR 20 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-1929

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 1929, to 3/18, 1929, that I last saw h. alive on 3/18, 1929, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/19, 1929 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Mch 21 1929
20 UNDERTAKER	ADDRESS
George W. Gribler	1737 E. Eager st

Cor.—10-10-29—A Co.—100 Bks.

Stimeling

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

CERTIFICATE OF DEATH

PLACE OF DEATH B-44259

REGISTERED NO. B-44259

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. 818 S. Conkling St. 26-37 Ward)

2-FULL NAME Lloyd E. Stimeling

(a) RESIDENCE NO. 818 S. Conkling St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Stimeling

6 DATE OF BIRTH (month, day, and year) May 24 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	9	20 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Pt
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)
(State or country) Steel Pa

PARENTS

10 NAME OF FATHER James Stimeling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Henrietta Lighter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa

14 Informant Edith Stimeling
(Address) 818 S Conkling

Date Received MAR 20 1929

[illegible] JONES M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Denton M. D.

3 19 1929 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loydsville Perry Co. Pa. — DATE OF BURIAL Mch 21 1929

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager st

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44260 ✓

E 44260

CERTIFICATE OF DEATH

92

1—PLACE OF DEATH St Paul Infirmary

REGISTERED NO.

CITY OF BALTIMORE: (No. St Paul & Mt Royal Ave ST., 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Henry Dorsey

(a) RESIDENCE NO. St Paul Infirmary St Paul & Mt Royal Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Rosa H. Dorsey

6 DATE OF BIRTH (month, day, and year) Feb 11th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	8.	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Wm H. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Rubana Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Wm H. Dorsey

(Address) St Paul Infirmary

15 Filed ... 1929 ... Registrar

R 20 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1929, to March 18th, 1929

that I last saw him alive on Jan 19th, 1929

and that death occurred, on the date stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

Myocardial Insufficiency.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. A. Chatard, M. D.

March 19, 1929 (Address) 30 E Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	March 21 1929

20 UNDERTAKER Henry W. Jenkins & Sons Co ADDRESS Oakland & Mc Callister Sts

Spec.–7-17-26—A Co.—200 Bks.

E 44261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135 E 44261

REGISTERED NO.

1-PLACE OF DEATH Mercy Hosp

City of BALTIMORE: (No. ____ St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Collison

(a) RESIDENCE NO. 2021 St Clair Lane Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Collison

6 DATE OF BIRTH (month, day, and year) Oct 20. 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	62	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Collison

11 BIRTHPLACE OF FATHER (City or town) ____

(State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Hurley

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md

14 Informant Mrs Dora Collison

(Address) 2021 St Clair Lane

15 Filed MAR 20 1929 16 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 3-20-29

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1929, to 3-20, 1929, that I last saw him alive on 3-20-, 1929, and that death occurred, on the date stated above, at 12 10 Am

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted ____

if not at place of death? ____

Did an operation precede death? ____ Date of 3/18/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

(Address) Mercy Hospital 3/20/29

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — Date of Burial Mar 22. 29

20 UNDERTAKER John Ulrich — ADDRESS 2008 Alma

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 44262

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Riverside Ave. WARD) 24-33

2—FULL NAME Patrick J. Mulligan

(a) RESIDENCE NO. 1432 Riverside Ave

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Bridget A. Mulligan

6 DATE OF BIRTH (month, day, and year): Mar. 4 1869

7 AGE: Years 59 | Months 0 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B&O 073

9 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Owen Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mulligan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Bridget Mulligan

(Address) 1432 Riverside Ave

15 Filed MAR 20 1929 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18, 1929.

17 I HEREBY CERTIFY, That I attended deceased (from 3. 1. 1929. to 3. 18, 1929

that I last saw him alive on March 18, 1929

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, uremia, myocarditis acute Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory Exam.

(Signed) J. Edward Norris, M. D.

3.19.29. (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Mar. 21 29

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1417 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

E 44263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44263

CERTIFICATE OF DEATH.

16-29 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3214 McELDERRY STREET (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN A. MULDOWNEY

(a) RESIDENCE NO. 3214 McELDERRY STREET ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of MARGARET A. MULDOWNEY

6 DATE OF BIRTH (month, day, and year) Feb. 14-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Andrew Muldowney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Margaret A. Muldowney
(Address) 3214 McElderry Street

15 Filed MAR 29 1929 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1929

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928 to March 17, 1929

that I last saw him alive on March 17, 1929

and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William J. Rysanek M. D.

, 19 29 (Address) 80 S. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 3/21 1929

20 UNDERTAKER D. J. A. Moran

ADDRESS 300 E. Baltimore

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44264

CERTIFICATE OF DEATH.

89 E 44264

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3333 (ST.) Gidmont (WARD) 75-6?

2-FULL NAME Mrs. William P. Littleton

(a) RESIDENCE NO. 3333 (ST.) Gidmont ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kate Littleton

6 DATE OF BIRTH (month, day, and year) July 27th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	68	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Nora Elizabeth Bryan (Address) 4323 Harford Road

15 Filed MAR 20 1929 Co HAMPSON JONES, M. D., Registrar By R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19th 1929

17

I HEREBY CERTIFY, That I attended deceased from March 19th, 1929, about 10.30 a.m., that I last saw h alive on 3-19-29 at about 10.45 a.m. and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 20 to 30 minutes.

CONTRIBUTORY (Secondary) Over exertion.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? X Date of X

Was there an autopsy? no

What test confirmed diagnosis? Future Myocardial pain.

(Signed) C. St. Hoffman, M. D.

3/19, 1929 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL 3/22/1929

20 UNDERTAKER Geo. W. Weber & Son ADDRESS 2503 Edmondson

Keep this very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E-44265 | 101-001 | E 44265

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Hanley

(a) RESIDENCE NO. 5625 Govans Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Joseph Hanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Bessie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 6 1929 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 19 . 19 29 to March 20 19 29

that I last saw him alive on March 20 . 19 29

and that death occurred, on the date stated above, at 12.15 p m.

The CAUSE OF DEATH* was as follows:

Bilateral fibro pneumonia - pneumonia type 6. Bilateral emphysema Terminal

(duration) yrs. 2. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 3/24 3/6/24

Was there an autopsy?

What test confirmed diagnosis?

(Signed) David Jay Cain M. D.

. 19 (Address) Johns Hopkins Hosp Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hereford

DATE OF BURIAL 3/23 19 29

20 UNDERTAKER Mullikin & Cook

ADDRESS 1217 E Fayette St

Spec.—2-29-28—L. F. S.—500 Bks.

Moore — Dr C N Meyers — 405 E Fremont

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44266 — CERTIFICATE OF DEATH — 31 — E 44266

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 St Paul ST. (6-11 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catharine St. P. Moore

(a) RESIDENCE NO. 1500 St Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 2 1909

7 AGE: Years 19 | Months 5 | Days 17 | If LESS than 1 day, ...hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Button Sewer Machine

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Fritz

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas F. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Catherine Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Chas F. Moore
(Address): 1500 St Paul St

15 Filed ....., 19.... CHARLES JONES, Registrar

20 1929 Per ARW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 28, 19 29, to March 19, 19 29.

that I last saw h alive on Mar " , 19 29.

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 7 mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum Test

(Signed) C. N. Meyers M. D.

3/30, 19 29 (Address) 1500 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Fork — DATE OF BURIAL: 3/21 19 29

20 UNDERTAKER: H. H. Cook — ADDRESS: 2404 Park Ave

E 44267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3923 Canterbury Road ST. 17 WARD) 170

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin Gordon Allen.

(Residence in Baltimore: No. 3923 Canterbury Road St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 17th, 1884 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Underwriter
(b) General nature of industry, business, or establishment in which employed (or employer): Connecticut Mutual

9-BIRTHPLACE, (State or Country), Vermont Nebraska

PARENTS.

10-NAME OF FATHER, Alexander Allen

11-BIRTHPLACE OF FATHER (State or Country), Millbrook Ontario

12-MAIDEN NAME OF MOTHER, Caroline Gordon Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Strasburg

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kiernan Mogrades

(Address) 319 Hanover Road

15-

Filed ..., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot wound through head (Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

3/20/27 1211 E (Address) 363 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	March 21 1927
20-UNDERTAKER	ADDRESS
Percy Meadows & Son Co	Oxford & Mc Culloh Sts

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Heck 900 E Monument

E 44268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 44268

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2704 Greenmount Ave ST. 12-50 WARD REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wilson E Busch

(a) RESIDENCE NO. 2704 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Busch

6 DATE OF BIRTH (month, day, and year) Nov 15, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, . hrs. or min.
	57	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Linotype Operator

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Mayer C

9 BIRTHPLACE (city or town) (State or country) Balt Md

10 NAME OF FATHER Wm E Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs E Busch

(Address) 2704 Greenmount Ave

Filed MAR 20 1929 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to March 19, 1929, that I last saw him alive on March 18, 1929 and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder (Surg)

CONTRIBUTORY (Secondary) General Metastasis (duration) 4 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm D Heck M. D.

3/20, 1929 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	3/22/29
20 UNDERTAKER W M Cook	ADDRESS 2175 Pratt St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44269

99-00 3037 O'Donnell St.

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Odonal ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Bensler Jr

(a) RESIDENCE NO. 3304 Odonal ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 15-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	4 5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER August Bensler Sr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda Sauer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant August Bensler

(Address) 3304 Odonal St

15 Filed MAR 20 1929 19 [illegible] JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from 3-18-29, 19, to 3-20-29, 19, that I last saw him alive on 3-18-29, 19, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Sub-Acute Bronchitis

(duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

19 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	3/21 1929
20 UNDERTAKER [illegible] & Cook	ADDRESS 1215 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 44270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 100-09

E 44270

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital WARD)

REGISTERED NO. 1417

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Franklin D Dixon

(a) RESIDENCE NO. Gordon Ave Catonsville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	1	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Franklin M Dixon

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Louise M Sothoron

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Louise M Dixon

(Address) Gordon Ave Catonsville Md

15 Filed ..... 19 ..... Registrar

REC'D 1929 RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/29

17 I HEREBY CERTIFY, That I attended deceased from 3/15/29, 19..., to 3/15/29, 19...

that I last saw him alive on 3/15/29, 19

and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Otitis Media
Mastoiditis

(duration) yrs. mos. 2 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/10/29

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. Eustan, M. D.

3/16, 19 29 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catonsville	3/24/29
20 UNDERTAKER	ADDRESS
E. Cook	219 N Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 44271 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-9 E 44271

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 W. Pratt ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George F. Nardin

(a) RESIDENCE NO. 773 W. Pratt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Nardin

6 DATE OF BIRTH (month, day, and year) June 20, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Petre Nardin

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Elizabeth C. Nardin

(Address) 773 W. Pratt St.

15 Filed 3-29-1929, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1929, to March 17, 1929, that I last saw him alive on March 17, 1929, and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Bronchitis,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. 4 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Autopsy Ex

(Signed) J. M. Lamperin, M. D.

3/19, 1929 (Address) 3401 Calloway Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 21 1929

20 UNDERTAKER Wm. H. Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44272

CERTIFICATE OF DEATH

H-002

H E 44272

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 78-63 (WARD)

2—FULL NAME Julia Lyons (Sister Mary Rita)

(a) RESIDENCE NO. Burlington Vt. ST., WARD Burlington-Vermont
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) June-20-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious duty

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Convent

9 BIRTHPLACE (city or town) (State or country) Unknown Ireland

PARENTS

10 NAME OF FATHER John L. Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Sheehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt Hope Retreat
(Address) Mt Hope Retreat

15 Filed 2 01929, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to March 20, 1929, that I last saw h alive on March 20, 1929 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Senility Prom

(doration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burlington Vt.	3/21/19 29
20 UNDERTAKER Stewart Movers	ADDRESS Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 129 E 44273

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 639 N. Amer A ST., 9th (WARD)

2—FULL NAME Kate Louie Rich.

(a) RESIDENCE NO. 639 N Amer A ST., 12 WARD Fork Mid

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Rich.

6 DATE OF BIRTH (month, day and year) August 14th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fork Balto Co

PARENTS

10 NAME OF FATHER James Mobery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kingwood Va Balto Co

12 MAIDEN NAME OF MOTHER Hanna Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Ina K. Chenoweth

(Address) 639 N Amer A

15 Filed ..... 19 .....

Registrar

2 0 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 18/29

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 19 29 to March 18 19 29

that I last saw h.. alive on March 18 19 29

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Montgomery III M. D.

3/19 1929 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M.E. Cemetery — DATE OF BURIAL Mar 21 19 29

20 UNDERTAKER Mary M. Medford — ADDRESS 501 E 22nd

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44274

CERTIFICATE OF DEATH

60-001

E 44274

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 932 Leadenhall ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Anderson

(a) RESIDENCE NO. 932 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James Anderson

6 DATE OF BIRTH (month, day, and year) Jan 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 ~~1874~~	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

10 NAME OF FATHER Wm Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co. Md.

12 MAIDEN NAME OF MOTHER Rachel Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A. Co. Md.

PARENTS

14 Informant James Anderson (Address) 932 Leadenhall St

15 Filed MAR 21 1929 C. H. Beck (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 29

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928, to Mar 18, 1929, that I last saw her alive on Mar 18, 1929 and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Exopthalmic Goiter

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) ~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) D H Lassoe, M. D.

3/19, 1929 (Address) 132 N. Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mch 21 1929
20 UNDERTAKER	ADDRESS
John H. Toadvine	1027 Druid Hill

Spec.—1-12-23—M&T—500 Blks.

E 44275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 44275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Stockton ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Viola Brown

(a) RESIDENCE NO. 802 Stockton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12-1928

7 AGE: Years 1; Months 2; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Joseph Brown (Address) 802 Stockton St

15 Filed 2 1 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1929, to Mar 22, 1929, that I last saw h[illegible] alive on Mar 19, 1929 and that death occurred, on the date stated above, at 5:15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (secondary) Whooping Cough (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Examination

(Signed) Paul Brown, M. D.

3/22, 1929 (Address) 1837 Pa. Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druids Lodge Cem

DATE OF BURIAL: 3-24 1929

UNDERTAKER: Daniel Easton

ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

E 44276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-002

REGISTERED NO. E 44276

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 S. Paca ST. 22-30 (WARD)

2-FULL NAME Dolores Baublys

(a) RESIDENCE NO. 521 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1928

7 AGE — Years: — Months: 6 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Baublys

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Mary Mytoulaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: John Baublys (Address) 521 S Paca St

15 Filed ... 19... CHAS. LEVY LOWE, M. D. Registrar

MAR 21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to March 20, 1929, that I last saw h[illegible] alive on March 20, 1929, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. Levy Lowe M. D.

3/20, 1929 (Address) 545 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 3/21 1929

20 UNDERTAKER: Chas. P. Kuchauskas — ADDRESS: 637 S. Paca St.

FROM A VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Lisansky

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44277

CERTIFICATE OF DEATH.

57 E 44277

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 27-55 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Lisansky

(a) RESIDENCE NO. 3600 Frankmore Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred >3 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Lisansky

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439-E. Baltimore St

Filed MAR 21 1929 H. Lee Mitchell, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20- 1929

17

I HEREBY CERTIFY, That I attended deceased from 3/12/ , 1929 , to 3/20/ , 1929 ,

that I last saw her alive on 3/20/ , 1929 ,

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetis gangrene of left foot

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 3/15/29.

Was there an autopsy? No

What test confirmed diagnosis? DIABETIC

(Signed) A. S. Linde , M. D.

3/20, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Helvan Rosedale

DATE OF BURIAL 3/21 1929

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44278

90

REGISTERED NO. E 44278

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hospital St., 14-24 Ward)

2-FULL NAME Ann Tobin

(a) RESIDENCE NO. 1351 Ramsey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Leroy Tobin

6 DATE OF BIRTH (month, day, and year) Feb 10/1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	81	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant John F. Tobin (Son)
(Address) New Jersey

15 Filed 2 1929 By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19/29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac- Renal Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Pole, M. D.

3/21/29 (Address) 508E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL 3/22/29

20 UNDERTAKER John J. Fields ADDRESS 1110 W. Lombard

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44279 — 1—PLACE OF DEATH

101-001

E 44279 — REGISTERED NO.

CITY OF BALTIMORE: (No. 428 N. Gilmor ST., 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sabra Dix

(a) RESIDENCE NO. 428 N. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James Dix

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0?0

(c) Name of employer

9 BIRTHPLACE (city or town) Accomac
(State or country) County Va

PARENTS

10 NAME OF FATHER John Fairbrough

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Custis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Nellie Maitland
(Address) 428 N. Gilmor

MAR 21 1929 WILLIAM H. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 29

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to March 19, 1929, that I last saw h[illegible] alive on March 19, 192[illegible] and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) A-Stenosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charlotte Fiske, M. D.

March 22 1929 (Address) 1125 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	March 24 29
20 UNDERTAKER	ADDRESS
Jam[illegible] H. Chase & Son	1400 Musher

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44280

CERTIFICATE OF DEATH

100-001

E 44280

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1914 E. Pulaski St. (WARD) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank H. Tilghman

(a) RESIDENCE NO. 1914 E. Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 16th 1927

7 AGE: Years 2 | Months | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Raymond S. Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot, Md

12 MAIDEN NAME OF MOTHER Edna L. Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot, Md

14 Informant Raymond S. Tilghman
(Address) 1914 E. Pulaski St

15 Filed Mar 21 1929 19 HARLOW JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19th 29

17 I HEREBY CERTIFY, that I attended deceased from March 13, 1929, to March 19, 1929, that I last saw him alive on March 19, 1929, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) H. B. Silverthorne M. D.

3/20/29 (Address) 1901 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Mar 22nd 19 29

UNDERTAKER: H. S. Hufnagel — ADDRESS: 150 N. Pulaski St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44281

CERTIFICATE OF DEATH

100-001

REGISTERED NO. 44281

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hopkins Hospital St. 16-27 Ward)

2-FULL NAME Oscar Grimes

(a) RESIDENCE NO. 1516 Rice St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9/1924

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	4	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Grimes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wilmington, Del.

12 MAIDEN NAME OF MOTHER Lottie Chase

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Lottie Grimes
(Address) 1516 Rice St

15 Filed 1929 C. Hartley Grimes, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19/29 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia - Empyema

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [signature] M. D.

19 (Address) 3/21/29 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3/23/29
20 UNDERTAKER Jno. W. Clasker & Son	ADDRESS W. North Ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44282

E 44282

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Mary A. Mc Nulty

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mc Nulty

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Owen Hubbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna Hubbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Little Sisters of the Poor Preston & Valley Sts

Filed MAR 21 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1929

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Moran, M. D.

1929 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Patrick Cemetery

DATE OF BURIAL March 22 1929

20 UNDERTAKER John A Moran

ADDRESS 3000 E. Balto St.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44283

CERTIFICATE OF DEATH

Aged Women's Home 164

E 44283

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1404 W Lexington St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Rhea

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 23, 1848

7 AGE: Years 80 Months 11 Days 24

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore

14 Informant Mrs Martha E Baker

(Address) 1404 W Lexington

15 Filed MAR 21 1929 HARRISON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from March, 1927 to March 20, 1929 that I last saw h[illegible] alive on March 18, 1929 and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Senility.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin C Jones M.D.

19 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Mar 22 1929

20 UNDERTAKER George E Smith

ADDRESS 153 Hollins

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 44284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. 44284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 S. Hanover St. WARD 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Murray

(a) RESIDENCE NO. 706 S. Hanover St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Murray

6 DATE OF BIRTH (month, day, and year): Oct. 31st 1842

7 AGE: Years 86 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Oil

(b) General nature of industry, business, or establishment in which employed (or employer): Soldering

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Timothy Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Winifred McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Annie Murray 706 S. Hanover St

15 Filed MAR 21 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1928, to March 19 29.

that I last saw h alive on March 18 1929

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 5 yrs. mos. ds.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Harry Beitel, M. D.

19 (Address) 12 S. Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Mar 22 29

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 703 Hanover

How to fill out this certificate. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 44285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44285

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 24-34 Ward)

REGISTERED NO. 186-103

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. B. Hitzelberger

(a) RESIDENCE NO. 1518 Riverside Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hitzelberger

6 DATE OF BIRTH (month, day, and year) Oct 7-1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Hitzelberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Merkin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mrs. Martha Hitzelberger
(Address) 1518 Riverside Ave

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Pelvis.
Struck by auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric ulcer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 500 Washington Blvd.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Geltz M. D.

3/20. 1929 (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Mar 22, 29
20 UNDERTAKER	ADDRESS
Fred A. Hamm & Co.	703 Hanover

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

DENNIS

E 44286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 49 ✓

E 44286

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 17-49 (WARD))

2—FULL NAME E. Benson Dennis

(a) RESIDENCE NO. 306 N. Main ST., WARD Crisfield, Maryland
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel A. Dennis

6 DATE OF BIRTH (month, day, and year) Oct. 11 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fertilizer Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER L. E. P. Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Benson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Hospital Records
(Address)

15 Filed MAR 2 1929 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1929

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1929, to March 30, 1929, that I last saw him alive on March 20, 1929 and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Neck

(duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 1/3/29

Was there an autopsy? No

What test confirmed diagnosis? Pathological Study

(Signed) Reuben Wertheim M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL	DATE OF BURIAL
Crisfield Md	March 2/1929

20 UNDERTAKER Geo W Little — ADDRESS 2700 Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 44287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 44287

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Tower

(a) RESIDENCE NO. Mt Hope Retreat ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 86 | Months Unknown | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William W Kenan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Rose McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mt Hope Records

(Address): Mt Hope Retreat

15 [illegible] 19[illegible]

[illegible] Registrar

R 21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to March 20, 1929.

that I last saw h[illegible] alive on March 20, 1929

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Broncho-Pneumonia.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senile dementia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton Pitts M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Mar 23 1929
20 UNDERTAKER	ADDRESS
John J Cowan & Son	401 N Collins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44288

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 44288

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 601 Walnut ave St. 9-46 Ward)

2-FULL NAME John J. Connor

(a) RESIDENCE NO. 601 Walnut Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Connor

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 63 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Connor

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McGinity

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Edw. J. Flannigan

(Address) Harford Rd + 25th St.

15 Filed ..... 19 ..... H. L. JONES, M. D. Registrar

MAR 21 1929 by Ritt

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17th 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27 1928 to March 19 1929

that I last saw h[illegible] alive on March 19 1929

and that death occurred, on the date stated above, At 11:05 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Myocarditis

Chronic Parenchymatous Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Endocarditis, Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No C. C. Symptoms

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/20 1929 (Address) 5[illegible] E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial 3/22 1929

20 UNDERTAKER: Chas. R. Evans & Son

ADDRESS 1180 W. Royal Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44289 — 31 — E 44289

1 PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 922 Madison ave ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Greenspon

(a) RESIDENCE NO. 922 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE — Years: 53 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): 03d

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Moses Greenspon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Son 922 Madison ave

15 Filed MAR 21 1929 C. H. Registrar JONES, M. D. Per RLC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1929

17 I HEREBY CERTIFY, That I attended deceased from March 7 1929 to March 20 1929 that I last saw h alive on March 20 1929 and that death occurred, on the date stated above, at 3 9 m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Renal Tbc (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Sputum

(Signed) Jacob Cohen (X-ray) M. D.

3/24 1929 (Address) 2-35 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: March 21 1929

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1121 E Balto st

Spec.—2-29-28—L. F. S.—500 Blks.

E 44290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 44290

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 610 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wade Burright

(a) RESIDENCE NO. 2110 Orleans ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Burright

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of

(Address) BALTIMORE CITY HOSPITALS

15 Filed 2 1 1929, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1929

17 I HEREBY CERTIFY, That I attended deceased from February 26, 29, 19..., to March 21, 19 29

that I last saw h im alive on March 21, 19 29

and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,
Right - Left Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes What test confirmed diagnosis? Pathological Laboratory

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Mar 23 1929

20 UNDERTAKER J. J. Jackson. Sons

ADDRESS N. Fulton

Spec.—7-17-26—A Co.—200 Bks.

E 44291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44291

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 175 Melville St., Ward 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Francis Rahill

(a) RESIDENCE NO. 175 Melville St. Ward Forest Hill Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Rahill

6 DATE OF BIRTH (month, day, and year): May 24 1881

7 AGE: Years 47 Months 10 Days 27 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co, Md.

PARENTS

10 NAME OF FATHER Edward Raach

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lynch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mr M. E. Rahill

(Address) Forest Hill Md.

15 Filed JAN 21 1929 C. HAMPSON JONES, M. D. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 20 1929

that I last saw h[illegible] alive on Jan 20 1929

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

Pleurisy

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Splenic anaemia

(Acute disease) (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruick, M. D.

Jan 21 1929 (Address) 4 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cemetery, Long Green Md — Date of Burial: May 23d 1929

20 UNDERTAKER: Hornberger & Sons — ADDRESS: Benson Md.

very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 44292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St. 2-4 Ward)

2-FULL NAME Frank Schultz

(a) RESIDENCE NO. 625 S Caroll St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Schultz

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Austria

PARENTS

10 NAME OF FATHER Thomas Schultz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

14 Informant Emma Centner
(Address) 1002 Kenwood Ave

15 Filed 2 1 1929 19 HAMPSON JONES, M. D. Registrar

AKB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death? 625 S Caroll

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenlon M. D.

3/21, 1929 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL Mar 22 1929

20 UNDERTAKER Frank Brockton — ADDRESS 1406 Eutaw

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44293 — CERTIFICATE OF DEATH — E 44293

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) Provident Hosp ST. 14-20 (AVE.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Watts

(a) RESIDENCE NO. 113 Winters Ave ST., WARD Louisville Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Col — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm. H. Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: unknown Hockens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Leo N. Watts
(Address): Washington Ave & Mt Vernon Place

15 Filed ..... 19 ..... Registrar

2 1 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/20/29

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 19 29, to 3-20, 19 29

that I last saw h i alive on 3-20, 19 29

and that death occurred, on the date stated above, at 2.31 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 2-12-29

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) I. S. Taer M.D.

3/20, 19 29 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — DATE OF BURIAL: 3/23 19 29

20 UNDERTAKER: Samuel J. Bentley — ADDRESS 578 W Biddle

Spec.—2-29-28—L. F. S.—500 Bks.

E 44294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 44294

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2420 Eutaw Place ST., 12-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mathilde Goldschmid

(a) RESIDENCE NO. 2420 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rudolf Goldschmid

6 DATE OF BIRTH (month, day, and year): March 19 1853

7 AGE — Years: 76 — Months: — Days: 1 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer):

(r) Name of employer:

9 BIRTHPLACE (rity or town) (State or rountry): Prague

PARENTS

10 NAME OF FATHER: — Kapper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prague

12 MAIDEN NAME OF MOTHER: — Popper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prague

14 Informant: Mrs S. R. Sonneborn

(Address): 2420 E. P.

15 Filed: 2 1 1929 — C. HAMPSON JONES, M. D. Registrar

By: Pete

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20/29

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1924, to March 20, 1929, that I last saw her alive on March 20, 1929 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary oedema

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiovascular Renal disease (Myocarditis - Chronic nephritis

Symptoms (duration) 5 yrs. — mos. — ds.

18 Where was disease contrarted — If not at place of death?

Did an operation preerde death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

March 21, 1929 (Addrrss) 1201 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Acridental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Adat Shalom — DATE OF BURIAL: March 22 1929

20 UNDERTAKER: Herbert Sondheim — ADDRESS: 11 E. Lexington St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44295

CERTIFICATE OF DEATH

E 44295

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 90

CITY OF BALTIMORE: (No. 12-54 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Henry Gruenebaum

(a) RESIDENCE NO. Oliver Apartment ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Mark Gruenebaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kauffman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Record.

(Address) Mercy Hosp.

15 Filed MAR 21 1929, 19 C. HAMILTON JONES, Registrar Per MRP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to March 21, 1929, that I last saw him alive on March 21, 1929 and that death occurred, on the date stated above, at 10 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/24/1929

20 UNDERTAKER Lord Goodman

ADDRESS 118-20 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

E 44296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 44296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary) (Ward)

2-FULL NAME Cecil M. Reger

(a) RESIDENCE NO. 4307 White Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mns. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lois N. Reger (nee Norris)

6 DATE OF BIRTH (month, day, and year) March 30, 1876

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
52	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W. Virginia

PARENTS

10 NAME OF FATHER Nimrod D. Reger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Viola Crawford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14 Informant Mrs. Lois N. Reger,

(Address) 4307 White Ave.

15 Filed C. HARRISON JONES, M. D. Registrar

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1929 19

17 I HEREBY CERTIFY, That I attended deceased from February 18 1929 to March 19 1929, that I last saw him alive on March 19 1929, and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Chemistry

(Signed) Elmer H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Broad Run Cem. Weston W.Va. 3/21 19 29

20 UNDERTAKER Nann. N. Withe. 15310 ADDRESS Lombard

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 44297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 44297

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 1-1 Ward)

2-FULL NAME CHRISTOPHER SCHREINER

(a) RESIDENCE NO. 311 S. Robinson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Schreiner

6 DATE OF BIRTH (month, day, and year) May, 25,1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Schreiner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna F. Sandman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Sophie C. Neidhardt (Sister)

(Address) 311 S. Robinson St.

Filed ..... 19 ..... Registrar

21 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Intraventricular (cerebral) Hemorrhage (duration) yrs. 2 mos. ds.

(Signed) [signature] M. D.

(Coroner)

3/21/29 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Cemetery — Date of Burial: Mar. 23, 1929

20 UNDERTAKER: Henry Sander & Sons, Inc — ADDRESS: [illegible] & BROADWAY.

very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 44298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 44298

REGISTERED NO. 15-68

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. General Hosp. St. [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen G. Gott

(a) RESIDENCE NO. 2208 Presbury St. [illegible] Ward
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: Virgie Gott

6 DATE OF BIRTH (month, day and year): Sept 9 1881

7 AGE — Years: 47 yrs — Months: 6 — Days: 10 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Police Officer City
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Dennis B. Gott

11 BIRTHPLACE OF FATHER (City or town) (State or country): Calvert Co. Md

12 MAIDEN NAME OF MOTHER: Courtney A. Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md

14 Informant (Address): Upton Road

15 Filed [illegible] 19 [illegible] Registrar

2 1 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19 1929

17 I HEREBY CERTIFY, That I attended deceased from 2-19 1929 to 3-19 1929 that I last saw him alive on 3-19 1929 and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows: Appendicitis acute.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds. Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3-19-29

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3/19/29 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — Date of Burial: 3-22 1929

20 UNDERTAKER: Mrs Chas A G Robb — ADDRESS: 2327 Edmondson Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 44299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 44299

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1234 (ST.) Nash Blvd (WARD) 21-29

2-FULL NAME Joseph P Bradley

(a) RESIDENCE NO. 1234 (ST.) Nash Blvd.
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

WARD ...
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3-21-1929

7 AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or 3 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John G Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Rose Folks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Father
(Address)

15 Filed ... 19 ...
... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-21 1929

17 I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... that I last saw ... alive on ... 19 ... and that death occurred, on the date stated above, at 4:05 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Difficult Delivery

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Dorn M. D.

..., 19 ... (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 3-23 1929

UNDERTAKER: Bernard C Hart

ADDRESS: 1000 Park Ave

2 1 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E 44300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-021 E 44300

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. Broadway ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bella Willis Hutt

(a) RESIDENCE NO. 1738 N. Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Steptoe D. Hutt

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Washington Cullison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda L. Page

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Steptoe D. Hutt

(Address) 1738 N. Broadway

Filed 2 1929 C. HAMPSON JONES, M. D.

By ORA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 19, 1929, that I last saw her alive on March 19, 1929, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis Deformans

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms + physical signs

(Signed) W. Williams, M. D.

19 (Address) 1729 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemy.	Mar. 22, 1929

20 UNDERTAKER Chas. O. Mitchell & Sons ADDRESS 1915 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44301 47 E 44301

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2 808 Strathmore Ave. ST. 27-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline P. Woodward

(a) RESIDENCE NO. 2808 Strathmore Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John H. Woodward

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Octavia Ready

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Miss . Minnie /Woodward
(Address) 2808 Strathmore Ave.

15 Filed 2 1929, 19 C. HARRISON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan, 19 28, to March 20, 19 29
that I last saw her alive on march 20, 19 29
and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Kyle W Holley, M. D.

, 19 (Address) 5103 Pimlico Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemy.	Mar. 22, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

E 18987
E 44302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 129 E 44302

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul D Rust

(a) RESIDENCE NO. 415 Commonwealth ave ST., Boston Mass WARD
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 5 mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence R. Stuart

6 DATE OF BIRTH (month, day, and year) May 24, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	53	9	21 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wis. Eau Claire

PARENTS

10 NAME OF FATHER Wm Aloney Rust

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mich

12 MAIDEN NAME OF MOTHER Dora Drummond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 1 1929 C. H. [illegible] Registrar

via Penn Railroad to Chester - Mrs Florence R. Rust

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 1928 to March 21 1929, that I last saw him alive on March 21 1929 and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Anonic Nephritis

Hypertension

Chronic Myocarditis (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical & Laboratory

(Signed) R. Hooper Smith M. D.

Mar 21 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Boston, Mass.	3/22, 1929
20 UNDERTAKER Henry U Mears & Son	ADDRESS 805 N. Calvert St.

Cor.—10-10-29—A Co.—100 Bks.

LAMBERT

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44303

CERTIFICATE OF DEATH

E 44303

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St., 27-53 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Penford L. Lambert

(a) RESIDENCE NO. 431 Lake Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Glenn

6 DATE OF BIRTH (month, day, and year) August 13, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bond Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Seaboard [illegible]
(c) Name of employer Mortgage Co.

9 BIRTHPLACE (city or town) Staunton
(State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Perry Lambert

11 BIRTHPLACE OF FATHER (city or town) Alexandria
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Isabel Burdette

13 BIRTHPLACE OF MOTHER (city or town) Staunton
(State or country) Virginia

14 Informant Mrs. Rosalie G. Lambert
(Address) 431 Lake Avenue

15 Filed ..... 19 ..... C. H[illegible] Registrar

211929 Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Injuries from Auto Accident Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Morrison M. D.

3/21 1929 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 3/22 1929

20 UNDERTAKER Henry W. Mears & Sons

ADDRESS [illegible] Calvert

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 123529
E 44304

100-006

E 44304

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 713 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gladys Norflet

(a) RESIDENCE NO. 1643 E. Madison ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15, 1929

7 AGE — Years | Months: 2 (8 weeks) | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Viola Norflet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 22 1929 H. M. POWERS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19-1929

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1929, to March 19, 1929

that I last saw her alive on March 19, 1929

and that death occurred, on the date stated above, at 6 20 / m.

The CAUSE OF DEATH* was as follows:

Primary bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) D. M. Cowan, M. D.

3/21, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bury Cemetery

DATE OF BURIAL: 29 March 1929

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44305

CERTIFICATE OF DEATH

101-001

E 44305

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 919 McCulloh ST. (WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Simmons

(a) RESIDENCE NO. 919 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colred

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 DATE OF BIRTH (month, day, and year): Unk 1873

7 AGE: Years 56 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Robt Simmons

(Address) 919 McCulloh

15 Filed ... 19... WILLIAM H. JONES, M. D. Registrar

R 22 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 19-29

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1929, to Mar 19, 1929

that I last saw him alive on Mar 19 1929

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Lobar Pneumonia

(duration) yrs. mos. 2 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George A Fuller, M. D.

Mar 20 1929 (Address) 901 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Mar 22 1929

20 UNDERTAKER: John H. Tradum

ADDRESS 1027 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44306

CERTIFICATE OF DEATH

129 ✓

E 44306

1—PLACE OF DEATH

REGISTERED NO. 23-34

CITY OF BALTIMORE: (No. 1608 Marshall St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A. Lowery.

(a) RESIDENCE NO. 1608 Marshall ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Lowery.

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1875.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53.	6.	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

14 Informant Elenora Lowery (Wife).

(Address) 1608 Marshall St.

15 Filed ..., 19 ... C. H. WILSON JONES, M. D. Registrar

MAR 21 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21-1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to March 21, 1929.

that I last saw h.. alive on March 21, 1929

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell, M. D.

3 Pr. 1929 (Address) 109 Glenarm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Balto | DATE OF BURIAL Mar. 25 1929

20 UNDERTAKER A. Howard Evans | ADDRESS 1518 Fordham

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gaddes 321 E 25th St

E 44307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44307

CERTIFICATE OF DEATH

164

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 1703 N. Bethel ST. 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura V. Hampe

(a) RESIDENCE NO. 1703 N Bethel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis M Hampe

6 DATE OF BIRTH (month, day, and year) Jan 24 1846

7 AGE: Years 83 | Months | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A Hoome

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William G. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Dickerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edward M Hampe

(Address) 3128 W Garrison Ave

Filed MAR 2 1929 19 H. R. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21. 1929

17 I HEREBY CERTIFY, That I attended deceased from 3/2/28, 19, to 3/21/29, 19, that I last saw h[illegible] alive on 3/20/29, 19, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Old Age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? /

(Signed) M W Gaddess M. D.

3/21/29 (Address) 321 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 3/23 1929

20 UNDERTAKER: J. H. Cook — ADDRESS: 1219 N Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44308

CERTIFICATE OF DEATH

40 E 44308

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Mercy Hospital ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ~~Alice L. Simpson~~ Alyce Louise Simpson

(a) RESIDENCE NO. 1513 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William W. Simpson

6 DATE OF BIRTH (month, day, and year): Jan. 21, 1898

7 AGE: Years 31 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Horace H. Warthen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Nellie Korn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mrs. Nellie Warthen

(Address) 1513 N. Broadway

15 Filed MAR 22 1929 H. BRYCE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/19/29

17 I HEREBY CERTIFY, That I attended deceased from 3/17/29, 19..., to 3/19/29, 19...

that I last saw h[illegible] alive on 3/19/29, 19...

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Fecal peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) cardiac decompensation of

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/17/29

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) A B Kinney M. D.

3/19, 1929 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar. 23 1929

20 UNDERTAKER: Joseph Cook — ADDRESS: 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44309

CERTIFICATE OF DEATH

E 44309

1 PLACE OF DEATH Union memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. ST. WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2—FULL NAME Andrew Jackson Billups

(a) RESIDENCE NO. North P.O. Mathews Co ST.

(Usual place of abode) Virginia WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Billups

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mathews Co

(State or country) Virginia

PARENTS

10 NAME OF FATHER T. G Billups

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Mathews Co. Virginia

12 MAIDEN NAME OF MOTHER Sarah Billups

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mathews Co. Virginia

14 Informant Hospital records

(Address)

Filed MAR 22 1929 WILSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1929

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to March 22 1929

that I last saw he alive on March 22, 1929

and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Glioma cerebral

(duration) yrs 3 mos. 9 ds.

CONTRIBUTORY (Secondary) Post operative cerebral decompensation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Mathews Co. Virginia

Did an operation precede death? yes Date of Exploratory craniotomy

Was there an autopsy? yes partial

What test confirmed diagnosis? operation

(Signed) Francis W. Gluck, M. D.

3/22, 1929 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity, Mathews Co., Va.

DATE OF BURIAL Mar. 22 1929

20 UNDERTAKER Wm J Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44310 40 ✓ E 44310

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 705 N. Fremont Ave. ST. (or ROAD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie Lackey

(a) RESIDENCE NO. 705 N. Fremont Ave. ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 31 Years Months Days

10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte, N.C.

10 NAME OF FATHER Edw. Lackey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Char. N.C.

12 MAIDEN NAME OF MOTHER Delia Torrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlotte N.C.

14 Informant Dallis Lackey

(Name) 2210 N. Fremont Ave.

Filed C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-29

17 I HEREBY CERTIFY, That I attended deceased from 8-17-27, 19 to 3-19-29, 19 that I last saw her alive on 3-18-29, 19 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Chronic Heart Disease

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Carter M. D.

3-20-29 (Address) 274 D. Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Mar 21 19 29

20 UNDERTAKER Virginia L. Brooks

ADDRESS 1637 Carey

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 44311 E 44311

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH [redacted] BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 24-34 ST., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Tighe

(a) RESIDENCE NO. 110 Bloomsbury ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Tighe

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Unknown~~ Ireland

12 MAIDEN NAME OF MOTHER Anna Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Unknown~~ Ireland

14 Informant Records of
(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1929

17

I HEREBY CERTIFY, That I attended deceased from March 18, 19 29, to March 19, 19 29,

that I last saw him alive on March 19, 19 29

and that death occurred, on the date stated above, at 4:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) [redacted] BALTIMORE CITY HOSPITALS M.D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	March 22 1929
20 UNDERTAKER Margaret G. Flynn	ADDRESS 1432 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

E 44312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109-02

E 44312

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5405 Radecke Ave (STREET OR HOSPITAL) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Christ

(a) RESIDENCE NO. 5405 Radecke Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Christ

6 DATE OF BIRTH (month, day, and year) July 30th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Christ

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Mary K. Christ (Address) 5405 Radecke Ave.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1929

17

I HEREBY CERTIFY, That I attended deceased from March 3? 1929, to March 22nd 1929, that I last saw him alive on March 21 1929 and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Stricture of Esophagus

(duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Leonard E Bauch, M. D.

, 19 (Address) 2229 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 25 1929
20 UNDERTAKER	ADDRESS
Frederick Sasse & Sons	Fullerton

MAR 22 1929

Cor.—10-10-29—A Co.—100 Bks.

E 44313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 44313

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 863 Harlem Ave.) (Ward) 16-16

2-FULL NAME Hattie Gorby

(a) RESIDENCE NO. 863 Harlem Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt Gorby.

6 DATE OF BIRTH (month, day, and year) May 15-1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	37	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Easton Md
(State or country)

PARENTS

10 NAME OF FATHER Samuel Hazelton

11 BIRTHPLACE OF FATHER (city or town) Easton Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sallie Thomas

13 BIRTHPLACE OF MOTHER (city or town) Easton Md
(State or country)

14 Informant Ella Woolridge
(Address) 863 Harlem Ave

15 Filed MAR 27 1929 16 [illegible] JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 26th 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) March 26th 1929 Hoskins, M. D. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL 3/28 1929

20 UNDERTAKER Walter B. Spruggs

ADDRESS 139 N. Howard

Important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

E 44314 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-06 E 44314

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. (or WARD) 16-36 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carl Lee Hull

(a) RESIDENCE NO. 653 S Patapsco Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-16-29

7 AGE: Years | Months | Days: 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Carl Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Date received MAR 22 1929 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22-1929

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 22, 1929

that I last saw h[illegible] alive on March 22, 1929

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Mar. 24 1929
UNDERTAKER	ADDRESS
George L. Schwab	2101 Eutaw Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 44315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 44315

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Kessler

(a) RESIDENCE NO. 45 S. Poppleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 24-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of indastry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Clarence Kessler

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Susie Cramer

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Clarence Kessler
(Address) 45 S. Poppleton St.

15 Filed MAR 22 1929 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/29

17 I HEREBY CERTIFY, That I attended deceased from 3/20/, 1929, to 3/20/, 1929.

that I last saw h/m alive on 3/20/, 1929

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Toxaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj. Gruber, M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Mar. 23 1929

20 UNDERTAKER George L. Schnaut ADDRESS 210 Cathedral St

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

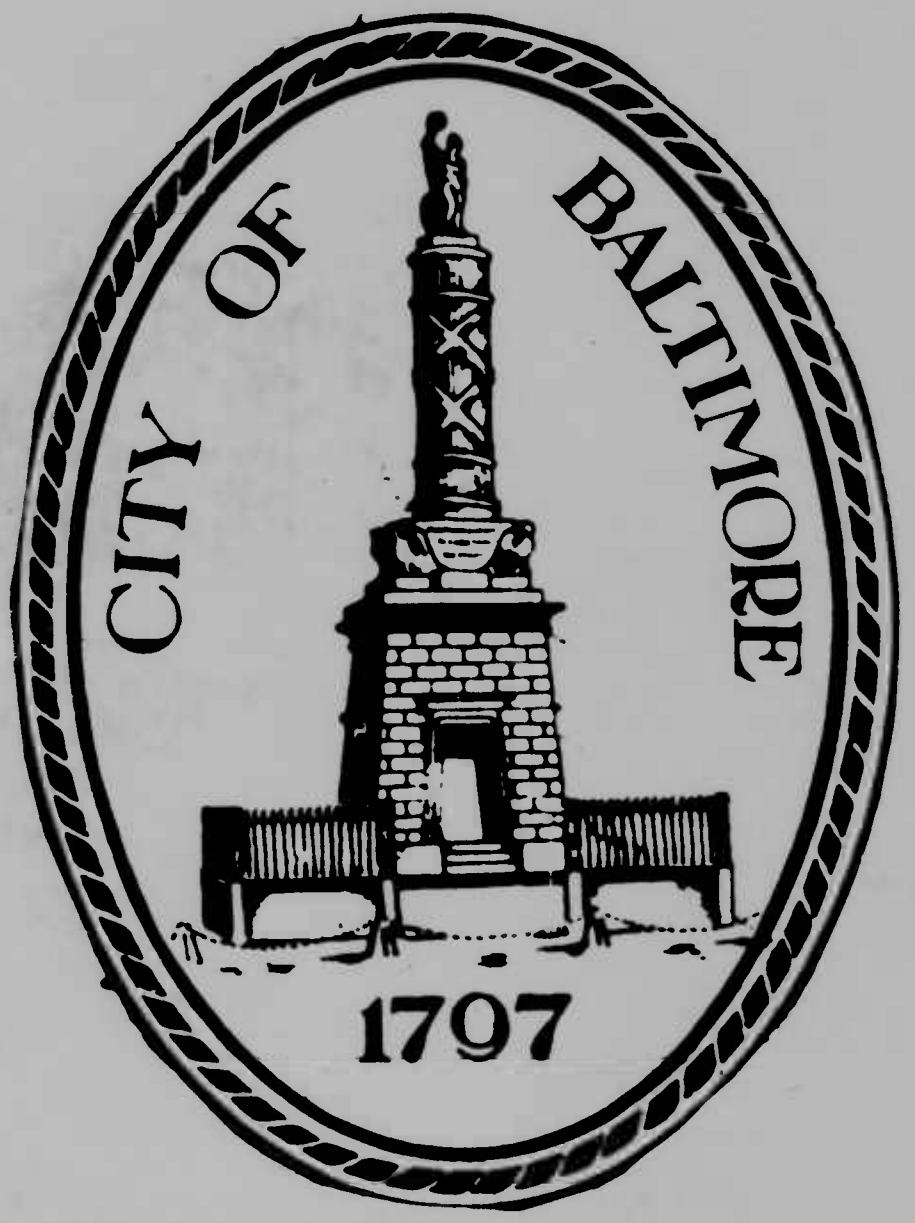
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 27th DAY Apr.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 41041 JAN 4, 1929 AND
ENDING WITH #E 44315 MARCH 22, 1929 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul



END OF REEL